Partners for Health Reform Plus (PHR*plus*) Project

PHR*plus* Year One Annual Report October 1, 2000 – September 30, 2001

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Social Sectors Development Strategies, Inc. (SSDS)
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Tulane University School of Public Health and Tropical Medicine
University Research Co., LLC (URC)

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PHR*plus* Year One Annual Report

1. Introduction

The U.S. Agency for International Development (USAID) awarded a five-year contract for the Health Policy and Systems Strengthening Flagship Project to Abt Associates on September 29, 2000. The total base contract value for five years is $81,999,999 with two options: option 1 – $9,999,999; and option 2 – $5,999,999; the total possible contract worth is $97,999,999. Abt and its subcontractors – Development Associates Inc. (DA), Emory University Rollins School of Public Health, Philoxenia International Travel, Inc., Program for Appropriate Technology in Health (PATH), Social Sectors Development Strategies (SSDS), Tulane University School of Public Health and Tropical Medicine, Training Resources Group (TRG), and University Research Co. LLC (URC) – began work immediately on October 2, 2000.

As required under the PHR*plus* Flagship contract, the purpose of the Annual Progress Report is to provide "narrative and quantitative progress in achieving planned results and intermediate milestones, as well as the inputs expended in accomplishing progress to date…" PHR*plus* staff have participated in putting this document together. In most cases they have used the Year 1 Annual Implementation Plan (AIP) as a reference to report on progress made against the work plan. However, at the time the AIP (FY'00 funds) was drafted only 4 countries (Benin, Tanzania, Honduras, Guatemala); 2 bureaus (Africa, ANE); and 1 regional office (REDSO/ESA) had obligations under the contract. In addition, we had a solid commitment from Jordan, which we included in the first AIP. During the course of the first year advances from core funds were made to initiate planning in 14 additional countries based on mission demand for PHR*plus* services, two regional bureaus, and the HIV/AIDS Division. (See Table 4.) These activities which received advances do not appear in the first year AIP but are reported on in this Annual Progress Report.

This document begins with a summary of miscellaneous start-up and management activities followed by the collection of activities organized by the six Tasks outlined in our contract. Financial information for each activity is located at the end of the progress write-up. Section 9 contains a final financial wrap-up for the year.

2. Management Report

The Project got off to a rapid start. A start-up plan was delivered in the first ten days of the contract award. Project management met with USAID to discuss funding and overall responsibilities of both USAID and project management. However, a protest subsequent to the contract award led to a stop work order on October 26th that completely halted plans to mobilize staff and "hit the ground running". Although the stop work order was lifted on November 20th, time was lost in getting staff back on track as they had made other obligations during the "down" time. The Management Plan was delivered on January 5, 2001 and the first year Implementation Plan was submitted in early March.

Abt was informed on December 6th that USAID had decided to reopen the competitive process. Abt submitted additional technical and cost proposals on December 13th (this date was extended twice with

a final deadline of January 4, 2001). USAID requested Abt to go forward with work planning and assessment visits. It is under these uncertain circumstances that we (Abt and partners) drafted our first year implementation plan. A final decision was made on July 23, 2001 to award the contract to Abt and its partners. Note that time was lost and that progress against the first year work was made in closer to six months than the ideal twelve. In addition, no active "marketing" took place during Year 1, leaving potential missions uninformed.

2.1 Start-up Workshop

Once the stop work order was lifted, project management organized the start-up workshop for all partners, including affiliates from Serdha (Senegal), University of Witwatersrand (South Africa) and Bitran y Asociados (Chile). All staff participated in a three-day start up meeting from January 17 through January 19, 2001 at Rockwood Manor in Potomac, MD. The overall goals of the workshop were to: 1) communicate and build a common understanding of the project organizational structure and technical strategy; 2) begin the planning process for activities and strategies that could be included in the strategy statement and implementation plan; and 3) to provide opportunities for the new teams and staff members to plan collaboratively. Approximately 70 staff members, including the "core" PHR*plus* team, consultants and advisors, USAID (Bob Emrey and Karen Cavanaugh CTOs), and representatives from the field offices of the predecessor PHR project attended.

One of the team exercises, led by TRG's workshop facilitators Wilma Gormley and Pam Foster, was to brainstorm for a new project name. Several name options and possible logos resulted, and over the next few months these were tested with mission and contractor staff in the field. Feedback from counterparts was also solicited through this process. The name, Partners for Health Reform Plus, was selected and was hands down the preferred choice.

2.2 Senior Management

The Senior Management Team (SMT) is composed of the Project Director (N. Pielemeier), the Cluster Leaders (M. Makinen, S. Bennett, J. Galloway) and the two deputies (S. Mason, C. Rassas). The SMT meets every Monday to: a) review progress on project activities; b) discuss team structure – position descriptions, roles and responsibilities of the team members and assignments; c) begin to identify candidates for the TAG; d) establish a review process of the Technical Directions (TDs) and provide feedback on how to improve the content; e) discuss ideas and progress with the Monitoring and Evaluation team; f) review requirements for contractual deliverables; and g) review funding issues.

These meetings have proven to be a very effective and efficient way to keep everyone up to date on issues, to focus attention on areas that need to be addressed and to seek early resolution to any potential problems across the project. In addition, when one of the senior management team members is unavailable to attend, another senior staff member is designated to attend. This has created a revolving management team that allows for broader participation and input. In addition, other staff have participated on an as-needed basis. Feedback from these SMT meetings is provided to the rest of the staff at the general staff meetings, which are held bi-weekly.

In order to keep the partner organizations informed about Project activities, the Communications Group began issuing a monthly Partner's Newletter. The Management Team has gotten positive feedback and notes of appreciation from the subcontractor team. In addition, the SMT will be organizing a Partner's meeting in the Fall of 2001.

2.3 Staff Meetings

The Senior Management Team requested assistance from Margaret Morehouse, PHR*plus*' on-staff organizational development specialist, to make staff meetings more focused and informational. Margaret requested input from the entire staff which produced a standard agenda format that was informative and limited the meeting to one hour. In addition, we instituted a system of revolving meeting convenors so that each staff member has the opportunity to set the agenda and run a meeting. So far, this has resulted in wider participation and more efficient use of the time.

On alternate weeks the Reform Results Cluster has organized a series of technical meetings. (See schedule below for the first year's topics.) Our USAID CTO and co-managers are invited to attend staff and technical meetings. In addition, we meet with our CTO and USAID co-management team bi-weekly to brief each other on latest developments, and review and discuss issues related to project implementation.

2.4 Intermediate Results

PHR*plus* is charged with producing results in five results areas defined in the contract: reform implementation (IR 1), finance (IR 4), health information systems (IR 5), quality and service delivery (IR2), and commodity systems management (IR 3). During the first year of the project, PHR*plus* has laid the groundwork for achieving these results, both globally and in specific field-support country activities. While it is too early in the project to report measurable results at this time, the project has undertaken a series of activities that have contributed to the probability of attaining results in the future:

- Creation of a project monitoring and evaluation framework and the internal monitoring system, including the elaboration of indicators for each intermediate result.
- Definition of technical roles and responsibilities in project teams. These role definitions assure that all teams understand and implement appropriate technical activities, and that the products of each team are appropriately reviewed for technical soundness and feasibility.
- Implementation of technical training activities for all project team members. These regularly scheduled training activities include preparation for field implementation work in the result areas as well as briefing on significant technical issues in development. Below is the schedule of sessions completed in FY01.
- Development of a series of technical guides for PHRplus field personnel that will summarize available information and provide guidance for program design in four important implementation areas: decentralization, hospital autonomy, community-based health insurance, and health information systems.
- Conduct of careful technical review of country assistance plans (CAPs) for all long-term countries with annual budgets equal or greater than $250,000.
- Development of Reform Results responsibilities for implementation of project intermediate results review and reporting.

PHR*plus* Technical Series Schedule

Date	Presenter	Topic
April 4, 2001	David Mercer	Infectious disease surveillance
May 2, 2001	Mary Paterson	Effective implementation of pilots
May 16, 2001	Marty Makinen and Tania Dmytraczenko	Financing
June 13, 2001	Maggie Huff-Rousselle	Commodities
June 27, 2001	Nancy Pielemeier	PHR*plus* overall technical vision
August 1, 2001	Susan Scribner	Using advocacy tools for infectious

Date	Presenter	Topic
		disease surveillance
August 15, 2001	Communications Group	Your communication checklist
August 29, 2001	David Hotchkiss and Mary Paterson	Monitoring and evaluation
September 12, 2001	Lynne Miller Franco, Ed Kelley, and Nadwa Rafeh	Quality
September 26, 2001	Shirl Smith and Lonna Milburn	Training /Capacity Building

2.5 Technical Directions (TDs)

The project has established its internal tracking mechanism through the use of Technical Directions (TDs) that contain scopes of work, level of effort, identification of staff and budgets, and deliverables. These TDs are reviewed by an assigned technical reviewer and monitored by the appropriate Task Manager. Guidance has been issued as a result of the first round of TDs, which were quite varied in content. The face sheets are being revised per discussions with USAID. Based on the TDs, the project will develop a database which will make it easier to respond to requests for funding and other information. To date 73 TDs have been submitted to USAID for approval.

2.6 Country Assistance Plans (CAPs)

The PHR*plus* contract requires CAPs for countries with projected total funding levels of $250,000 or more. These documents are to be "submitted to the CTO within 90 days following the initiation of in-country assistance activities." Over the year, staff worked on the PHR*plus* approach to developing CAPs, and Reform Implementation Advisor, Mary Paterson, provided assistance to each of these teams. Included in the "tools" used to prepare CAPs are SO Tree templates and CAP tables linking milestones, indicators and End of Project (EOP) results. A full CAP training package was developed to provide guidance to staff and facilitate the process. During the first year CAPs were developed in collaboration with the country mission and counterparts in the following countries: Honduras, Jordan, Tanzania, Benin, Republic of Georgia, Ghana, Malawi, Albania, and REDSO/East and WCA.

2.7 Performance Evaluation

The first PHR*plus* Performance Evaluation document was submitted on June 1st. This document covered the period of performance, October 1, 2000 – April 30, 2001. We tried a new approach to responding to the five evaluation areas (Results, Monitoring, Quality, Management and Collaboration) by asking staff to provide information on their activities via a questionnaire. The rationale was that this format would be less time consuming for the staff and easier to assemble information that could measure progress made against the Annual Implementation Plan. The document included a mixture of table format and text. The text was meant to provide further clarification to the very brief descriptions in the tables. Representatives of the PHR*plus* management team (Pielemeier, Mason, Paterson and Rassas) made a presentation to the Performance Evaluation Panel (PEB) and answered their questions on July 16, 2001. In addition to the evaluation itself, the Management Team has held several meetings with USAID to discuss possible options to the Performance Evaluation process.

2.8 Technical Advisory Group (TAG)

Project Management and USAID held numerous meetings to establish criteria for the PHR*plus* TAG. USAID and the Senior Management Team solicited ideas from other staff as well to identify candidates with a broad set of skills ranging across regions of the world, domestic and international, dealing with issues of poverty, consumers, private sector, providers, policy, governance, and financing. A TAG Charter was drafted that described the role of the TAG members. The Senior Management Team put

together an initial list of potential candidates, including PHR's previous TAG members. The SMT provided a short list of nine candidates to USAID for final approval. These candidates have been contacted and official letters are being sent to welcome them and to establish the timing for our first TAG meeting, likely to take place early in the new calendar year. The impressive list of TAG members includes:

Harris Berman, CEO of Tufts Health Plan
Mirai Chatterjee, Secretary General of Self Employed Women's Association (SEWA), India
Tim Evans, Director of Health Equity – The Rockefeller Foundation
Helene Gayle, Senior HIV/AIDS Advisor to the Bill and Melinda Gates Foundation
Abdelhay Mechbal, Director of Health Financing and Stewardship Department at the World Health Organization
Vincent Musowe, former Chief Health Planner – MOH Zambia
Helen Saxenian, Sector Leader HNP of the World Bank
Alfredo Solari, Senior Health Advisor of the Inter-American Development Bank

2.9 Advances to Missions and Bureaus

Despite some of the uncertainties of the PHR*plus* contract in its first year, interest in the project was high. Missions and Bureaus contacted us to either request continued support as a follow-on to PHR activities, or for support to new activities. In order to meet many of these initial requests during year one, the Project proposed to "advance" funds from the obligated core. Missions/Bureaus were provided loans from FY'00 core with the expectation/commitment to "repay" the advances with FY'01 funds. PHR*plus* management had been in discussions with the USAID/Jordan Mission, for example, since the contract award in September 2000. The PHR*plus* CTO and project management agreed to advance the Mission $150,000 until Jordan funds became available in June. This funding enabled continued support to the Ministry of Health programs and the development of a larger program of activities over the next few years.

The following table lists requests for assistance from missions, bureaus and offices. In each case, the technical teams estimated the amount that would be required for start-up activities. The table also indicates when PHR*plus* initiated work (with the core funds), when the actual funding obligations were received and how much of the advance was expended during the Project's first year. Note that the "Advance Used" column reflects only what has been billed to date so may not reflect all actual expenditures.

Advances to Missions and Bureaus – Year 1				
Mission/Bureau	**Core Advance Required**	**Work Started**	**Funding Rec'd**	**Advance Used**
Planned Advances				
Jordan	$300.0K	Dec 01	Jun 01	$194.8K
WCA	$250.0K	Jan 01	Jul 01	
Senegal		Jan 01	Sep 01	$167.9K
Mali	$100.0K	Apr 01	Sep 01	
Zambia	$50.0K	Jan 01	Jul 01	$9.2K
Malawi	$100.0K	Apr 01	Jul 01	$69.3K
Ghana	$100.0K	Apr 01	Jul 01	$78.2K
Eritrea	$50.0K	Apr 01	Sep 01	$37.9K
LAC Initiative	$50.0K	Apr 01	Jul 01	$83.7K
HIV/AIDS	$100.0K	Oct 00	Jun 01	$91.8K
Egypt	$50.0K	Apr 01	Not Rec'd	$46.2K
Albania	$50.0K	Apr 01	Sep 01	$206.6K
Peru	$100.0K	Apr 01	Jul 01	$1.3K
Unplanned Advances				
El Salvador	$50.0K	Apr 01	Jul 01	$1.0K
Congo	$50.0K	Aug 01	Sep 01	$1.5K
Georgia	$50.0K	Jun 01	Sep 01	$8.0K
Total Advances	$1450.0K			$997.4K

3. Task 1 – Technical Leadership

The PHN Center within the Global Bureau continues to provide leadership in global strategies and approaches to health reform around the world. In this role, the Center has provided particular leadership in identifying and documenting the relationship between health reform and improving priority services that address family planning, maternal health, child health, HIV/AIDS, and infectious diseases. PHR*plus* will work closely with G/PHN to support its role in this global policy and knowledge development issues related to health reform and system strengthening. The PHR*plus* project will assist in this leadership role through a variety of activities in knowledge development, documentation and strategic transfer of experience, development of analytic tools, Special Initiatives, Applied Research, Monitoring and Evaluation. We also expect that technical assistance carried out under the Field Support task will contribute to the Center's global leadership in health reform and system strengthening.

Although many PHR*plus* activities may contribute to the Project's technical leadership function, we are including two broad sets of core-funded activities under the technical leadership task for purposes of this implementation plan: 1) Common Agenda activities that cut across many topics or aspects of the health system and 2) Special Initiatives that directly address PHN priority services and the Center's Strategic Objectives. In carrying out the technical leadership task, the Project will include strategic documentation and transfer in all activities and will collaborate widely with other Cooperating Agencies as well as with relevant international and developing country organizations. We are in ongoing discussions with the Global Bureau on year one and future activities within this task. The set of possible activities described below is illustrative and, based on our contract and early discussions with USAID, represents our collective thinking and best estimates for this implementation plan.

3.1 Global Consensus on Health System Strategies, Objectives, Indicators and Diagnostic Methodologies to Assess Health Sector Performance

Overview: One mandate of the project is to "develop and promote global consensus around a core set of health reform strategies and plans, including identification of health system performance improvement outcome objectives and development of indicators and milestones to measure progress toward achievement of these objectives." The purpose of this sub-task under Technical Leadership is to clarify with USAID the purpose and expected results of this mandate, to review current evaluation activities of other international organizations, including WHO, DFID, and the World Bank, and to develop an agenda of evaluation activities designed to improve knowledge on the performance of national and sub-national health systems and health reform initiatives.

PHN SO: Common Agenda

PHR*plus* Intermediate Results: Cross-cutting

Sub-Intermediate Results: Global consensus on appropriate guiding principles of health reform achieved (1.3)

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Progress	Recommended follow-up
The primary result of this activity is expected to be the development of a PHR*plus* agenda of evaluation activities that contributes to current on-going debates on the performance of health systems and health systems strengthening initiatives	PHR*plus* staff will review current work on identifying global health system indicators, particularly the work of the WHO team responsible for *World Health Report 2000*, which focused on health systems performance. PHR*plus* staff will meet with key stakeholders in the international health community to discuss potential indicators and to reach agreement on an information system for tracking results based on these indicators. Consultations will include meetings with representatives of WHO in Geneva, Switzerland (Hotchkiss); technical meetings organized by PAHO in May (Paterson and Hotchkiss) and DfID in the United Kingdom in July (Leighton, Bennett and Hotchkiss); and on-going discussions with World Bank and other multilateral institution staff here in Washington, DC. PHR*plus* staff will hold internal discussions to develop a draft agenda of next steps for identifying indicators and disseminating proposals on indictors and a draft monitoring framework	PHR*plus* staff reviewed the *World Health Report 2000*, and organized a project-wide meeting to discuss the results of the report and strategies to contribute to further development of system-wide indicators of health systems performance. PHR*plus* staff attended two consultations to discuss the process of evaluating health systems performance: a consultation in Washington D.C. organized by PAHO in May, and one in London organized by DFID. In addition, PHR*plus* staff met with World Bank staff to discuss potential next steps of the project to further develop health systems evaluation methods. In the August annual M&E work plan meeting, PHR*plus* and USAID staff discussed the contractual requirements in the area of evaluating global health systems performance and potential next steps. Hotchkiss and Bennett drafted a "Note on Proposed PHR*plus* Fiscal Year 2001 Common Agenda Activities: Evaluating Health System Performance – Responding to the Global Agenda," which has been submitted to USAID.	Consult with USAID on prioritizing proposed activities. The activities fall under two themes: (1) "Responding to WHR2000: developing indicators and methods for evaluating national health systems performance" and (2) "Evaluating the impact of donor-supported programs on the poor" Finalize the scope and direction of Year 2 activities Develop and submit Technical Direction

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
An important issue concerning the sub-task is whether the contractual requirements (described in the above "Overview") are realistic, particularly that of developing global consensus around a core set of health system performance objectives and indicators. During a recent meeting, USAID staff members indicated that the primary purpose of project work in this area is to contribute to global debates on issues pertaining to evaluating health systems performance. Given this revised purpose, PHR*plus* staff drafted a "Note on Proposed PHR*plus* Fiscal Year 2001 Common Agenda Activities: Evaluating Health System Performance – Responding to the Global Agenda," which describes a number of project activities that are intended to contribute to emerging global debates.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
112,838 – Sept 00				
135,135 – May 01				
27,027 – Jul 01				
275,000	139,549	16,400	258,600	0.4

3.2 National Health Accounts

Overview: This year, the primary activity for the NHA Common Agenda was to plan, organize, and implement the 2nd international NHA Symposium on July 20-21, 2001 in York, England. The event was held in collaboration with the International Health Economics Association (iHEA) conference that took place immediately after the Symposium from July 22-25, 2001. The Symposium was cosponsored equally by the Swedish International Development Authority (SIDA) and the PHR*plus* project. The event attracted approximately 130 participants from over 40 countries and attendees included health economists, policy makers and NHA country experts.

Contributed to:
PHN SO: Common Agenda

PHR*plus* IRs: IR1: Appropriate health sector reforms effectively implemented
IR4: Health financing is increased and more effectively used.
IR5: Health information is available and appropriately used.

Progress made against planned results and milestones:

Task/ Anticipated Results	Planned Milestones & Progress	Significance	Recommended Follow-up
Increased awareness and use of health care expenditure data in policy formulation as well as in monitoring and evaluation of existing policies	Plan & organize NHA Symposium to be held in York, UK from July 20-21, 2001 in collaboration with the International Health Economics	Movement to greater consensus on international standards for measuring health expenditures. Offered opportunity for countries to share	Maintain links with iHEA and Sida regarding the possibility of hosting another international NHA Symposium at the next iHEA meeting in San Francisco in 2003.

Task/ Anticipated Results	Planned Milestones & Progress	Significance	Recommended Follow-up
	Association conference (iHEA) Collaborate w/partners on promoting NHA institutionalization	and learn from each others' experiences with institutionalization of NHA Generated ideas and input from the diverse range of participants about the future direction of NHA in developing countries. Served as a forum to discuss ways to approach methodological issues relating to data retrieval and analysis and the role of the upcoming NHA *Producers' Guide.* Further emphasized the importance of accurate national health expenditure information in managing health care systems.	Address in future NHA activities participants' general concerns regarding the linking of NHA to other "non-financial" data (e.g. utilization rates etc). Incorporate in future NHA activities – participants' recommendation to involve policymakers from the onset of NHA implementation.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Effective approaches: Using international forums to share experiences continues to prove very important in promoting the use and institutionalization of NHA. These forums and their discussions allow for increased country ownership of the direction of NHA implementation in the world. Moreover, they offer excellent opportunities for countries to share their findings and experiences with NHA utilization and institutionalization.

Problems and Challenges: There needs to be greater involvement on behalf of the developing countries' NHA experts in the development of the NHA Producers' Guide. Also, there is some confusion regarding the various health accounting methodologies (i.e. NHA, SHA, SNA) and the differences /similarities between them. Countries will need to agree on how to reconcile these different approaches to enable an international standard of health accounts.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
205,160 – Sept 00				
245,700 – May 01				
49,140 – Jul 01				
500,000	144,000	177,710	322,290	7.5

3.3 Stakeholder Participation

Overview: Stakeholder participation is a cross-cutting emphasis in PHR*plus* and is key to successfully implementing and sustaining gains in health sector performance. Throughout the project we intend to promote and provide assistance with the use of stakeholder engagement tools and techniques, including consultations with stakeholders to review, provide feedback on, and advocate for various options for improving the health sector. Stakeholders include all levels of the health system strengthening and reform change process: executive and legislative government institutions and individuals, provider groups, NGOs, community and consumer representatives, professional organizations, insurance industry representatives, pharmaceutical manufactures and wholesalers, the media and donors.

PHN SO: Common Agenda

PHR*plus* Intermediate Results: cross-cutting

Sub-Intermediate Results:
IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform
IR 1.3 Monitoring the effects of health reform is carried out, and used by stakeholders in the reform process
IR 2.4 Consumer participation in design, delivery and evaluation of health services increased
IR 4.4 Mechanisms for stakeholder input to health financing decisions expanded
IR 5.3 Commodity knowledge of health care practices, quality, and options increased

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Stakeholders are more effectively engaged in health reform process	*Develop methodology and draft guidelines; conduct external expert review conducted; field test of guidelines initiated* In May 2001, Margaret Morehouse drafted a TD and submitted it for review by Derek Brinkerhoff. After technical review, the TD for the stakeholder participation activity was revised to include a comprehensive review of PHR work on stakeholder participation. This activity was deemed a useful exercise in identifying successful stakeholder participation aspects in health	Due to the fact that the TD for the stakeholder participation activity was revised, these planned activities have been changed. PHR*plus* staff members are in the process of producing a comprehensive review of PHR work on stakeholder participation.	

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	reform activities, rather than developing guidelines. Margaret Morehouse continued to work on the review of existing literature and data from PHR.		

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
This activity was initially put in the first year work plan but due to changing priorities and funding uncertainties, progress has been slowed over the past year.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
20,516 – Sept 00				
24,570 – May 01				
4,914 – Jul 01				
50,000	48,000	3,855	46,145	0.1

3.4 Documentation, Analysis and Transfer of USAID Health Reform Experience (Global Syntheses)

Overview: The purpose of this activity is to document and transfer health reform and systems strengthening experience by synthesizing key crosscutting work conducted under PHR and PHR*plus* and relating it to more general knowledge and experience, including the policies and experience of other USAID CAs and other donor-funded activities. With USAID, we chose two to three topics for synthesis along with appropriate media for distribution and transfer. Additional synthesis topics will be developed in subsequent years. The synthesis products are designed to communicate to a broad policy and practitioner audience the key elements of a reform strategy, process or methodology, implementation steps, experience to date and implications for strengthening health systems and improving performance of priority health services. The syntheses are relatively short and may take the form of a stand-alone product or a compilation of short products.

PHN SO: Common Agenda

PHR*plus* Intermediate Results: cross-cutting
IR 1 Appropriate health sector reforms are effectively implemented

Sub-Intermediate Results:

IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions improved
IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Establish internal committee to identify appropriate candidates and medium for synthesis Obtain AID input and approval of plan Produce synthesis products	*Synthesis topics approved by AID, Products produced* Two technical reports have been completed. At the request of the World Bank and the WHO macroeconomic commission, PHR*plus* produced a special, intensive analysis of household data from the prepayment pilot in Rwanda in May 2001. In response to a request from UNAIDS, PHR*plus* completed a Best Practices paper on the NHA and household survey work done by Pia Schneider and A.K. Nandakumar on HIV/AIDS financing in Rwanda. The paper was submitted to UNAIDS in April and was posted to the website in the summer of 2001. In August 2001, Pia Schneider, former resident advisor in Rwanda, conducted further analyses of the existing Rwanda household survey data on prepayment schemes and prepared a draft technical report that synthesizes the key household level impacts of the Rwandan prepayment pilot experience. This Technical Report #3 extends the analysis contained in Technical Report #2, which was produced to respond to a limited set of policy and research questions requested by the World Bank for a multi-country comparative study of the impacts of community based health insurance.	PHR*plus* produced three synthesis reports to assist USAID, CAs and international donors to strengthening health policies and health systems worldwide. These reports fill a need by policymakers and health professionals for concrete, field-based health financing and health system data at the household and district levels.	The additional technical report (Technical Report #4) will cover one of the candidate topics identified in the original TD or an emerging issue identified by USAID and will follow the same format.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	In addition, PHR*plus* staff continued to hold several internal meetings about themes and topics in order to produce one more synthesis product by June 30, 2002.		

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
This activity was originally funded through the Common Agenda. Due to shifting project priorities and funding limitations, the budget for this activity has been cut to $100, 000. This will greatly restrict the opportunity for future production of syntheses and products.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
41,032 – Sept 00				
49,140 – May 01				
9,828 – Jul 01				
100,000	100,000	46,775	53,225	2.0

3.5 Maternal Health Care Services SO2

Overview: The PHR*plus* SO2 Maternal Health activities are among the priority services of central interest for PHR*plus* system strengthening and health reform efforts. The activities build on work done under PHR and on the progress that has been made in recent years regarding: 1) the costs, financing, and effectiveness of alternative interventions to reduce maternal mortality; and 2) ways to measure, monitor and evaluate these issues. PHR*plus* activities in maternal health are carried out in close collaboration with other USAID CAs and international agencies.

SO2: Increased use of key maternal health services

PHR*plus* Intermediate Results: potentially all five
PHR*plus* Intermediate Result 1: Appropriate health sector reforms are effectively implemented
PHR*plus* Intermediate Result 2: Health workers deliver quality responsive services
PHR*plus* Intermediate Result 3: Commodities are available and effectively used
PHR*plus* Intermediate Result 4: Health financing is increased and more effectively used
PHR*plus* Intermediate Result 5: Health information is available and effectively used

Sub-Intermediate Results: Potentially:

IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions improved
IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform
IR 2.4 Consumer participation in design, delivery and evaluation of health services increased
IR 3.2 Selection, forecasting, procurement and distribution of commodities improved
IR 4.1 Rational financing policies enacted
IR 4.2 Alternative financing schemes to improve affordability of services implemented
IR 4.4 Partnerships to mobilize and leverage additional resources established
IR 5.3 Commodity knowledge of health care practices, quality, and options increased

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Develop multi-year strategy and plan for maternal health activities	*Conduct planning meetings with USAID and other stakeholders* In February 2001, Charlotte Leighton and Nancy Pielemeier met with Bob Emrey and USAID PHN staff Mary Ellen Stanton and Ellen Starbird to discuss ideas for possible PHR*plus* work on maternal health services. USAID SO2 staff indicated they were not interested in activities previously delineated in planning documents (i.e., costing studies.) Instead, the SO2 team requested PHR*plus* to help set USAID priorities and a common agenda with other partners in maternal health financing over the next several years, with a special focus on Africa. PHR*plus* agreed to convene a meeting of maternal health (MH) and financing experts in the spring/summer of 2001. On June 26, PHR*plus* hosted a Maternal Health "Notables" (or experts) meeting. Attendance included representatives from NGOs, the World Bank, and USAID. Margaret Morehouse served as facilitator for the discussion, and Mary Ellen Stanton and Ellen Starbird opened the	Based on discussions with maternal health experts at the Notables meeting, PHR*plus* provided a menu of options for project activities in maternal health, including syntheses, evaluations, and several field-based interventions. USAID SO2 staff liked all the options and told us to establish priorities within the menu for the coming year. They agreed in general that PHR*plus* would disseminate and build knowledge for advocacy, donor collaboration, and host country implementation of financing and system reform interventions that could make substantial improvements in skilled attendance in Africa.	Based on the outcome of discussions with potential partner CAs, PHR*plus* may play a role in conducting country level assessments or providing technical assistance to governments in thinking through financing of maternal health services as a method to reduce maternal mortality.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	meeting, highlighting the need to focus on workable initiatives in MH financing in Sub-Saharan Africa. Charlotte Leighton presented highlights of what is known and not known about financing of skilled attendance and several key financing issues. She also shared findings from PHR Rwanda and the success of the pre-payment schemes in increasing deliveries in facilities. After experts shared information on examples from Indonesia, Nicaragua, Bolivia, China and Egypt, Tania Dmytraczenko shared with the group a multi-country analysis of the relationships between use of skilled attendance and use of facilities for delivery. Of particular interest are countries where maternal mortality rates are relatively low and skilled attendance is high without exclusive reliance on facilities. The group discussed several possible interventions and recommended issues for further research and analysis. Following the June 26th session, PHR*plus* met with Mary Ellen Stanton and Ellen Starbird and PHR*plus* former CTO Bob Emrey on July 12, 2001. The purpose of the meeting was to discuss potential future activities, with a special focus on skilled attendance at birth in Africa. *Support to USAID* At the request of Mary Ellen Stanton, Charlotte Leighton and Pia Schneider, PHR consultant and former resident		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	advisor in Rwanda, presented information at an SO2 Technical Series on the impact of the Rwanda prepayment pilot on use and financing of maternal health services. Approximately 12 people from USAID and CAs attended the March 21st meeting. PHR*plus* staff members have also attended and contributed to three meetings related to maternal health financing issues. These have addressed issues ranging from the role of skilled attendance and deliveries at health facilities worldwide; on-going projects in maternal mortality factors by the University of Aberdeen; and mother-to-child transmission of HIV/AIDS.		
Policy and impact syntheses produced; Strategic country study or intervention designed	*Develop priorities with USAID for synthesis products and appropriate dissemination media; and produce the products* An internal MH working group identified several priority issues on which syntheses could be useful in addressing financing of MH services and collected and carried out initial analysis of information related to financing questions for background use at the experts meeting (See MH planning above.) Staff reviewed findings from existing household survey and other data sets in several countries to identify available evidence on relationships between use and financing of MH and delivery services. They also conducted a rapid literature search on financing of MH	For the June 26th Notables meeting, PHR*plus* staff produced two matrices, showing causal relationships among countries with low Maternal Mortality (MMR) and high use of skilled attendance at birth, as well as skilled attendance and births in facilities.	Participants gave comments on the matrices and PHR*plus* is in the process of making revisions. PHR*plus* staff plan to meet with the SO2 team members once the team has revised and presented the new objectives for this SO.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	services and on barriers to use of skilled birth attendance.		
Increase use of skilled attendance at birth	*Develop plan for comparative country study and/or pilot intervention; Initiate implementation of activity(ies) for which funding is available and which USAID has chosen as a priority for start-up* At the July 12th meeting with USAID SO2 team staff, it was agreed that PHR*plus* will work with ongoing projects or other reform initiatives that can serve as a pilot test of one or more financing reforms to demonstrate whether financing changes can have a major impact on increasing skilled attendance in African settings. This pilot activity would help us to identify "best practices" with regard to financing approaches and their impact for skilled attendance. To follow up on the June 26th meeting, staff initiated contact with several on-going projects in Africa and across the world to discuss possible collaboration on activities.		

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Due to funding limitations and changing project priorities, the budget for this activity has been severely limited, therefore reducing the opportunities for comparative country studies and/or pilot interventions. Implementation of several promising activities which USAID has chosen as a priority for start-up may be delayed until funding becomes available.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
16,413 – Sept 00				
219,656 – May 01				
3,931 – Jul 01				

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
240,000	122,521	71,362	128,638	3.1

3.6 Child Survival Services SO3

Overview: The PHR*plus* SO3 Child Health activities continue to support USAID's role in assuring that health reform and system strengthening efforts help to improve the delivery and performance of child services. The activities build upon the substantial work done under PHR, and PHR*plus* continues to provide support to USAID's role in mobilizing and collaborating with other international donor efforts.

PHN SO: SO3 Increased Use of Key Child Health and Nutrition Interventions

PHR*plus* Intermediate Result 1: Appropriate health sector reforms are effectively implemented
PHR*plus* Intermediate Result 4: Health financing is increased and more effectively used
PHR*plus* Intermediate Result 5: Health information is available and appropriately used

Sub-Intermediate Results:
IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions improved
IR 4.1 Rational financing policies enacted
IR 4.2 Alternative financing schemes to improve affordability of services implemented
IR 4.4 Partnerships to mobilize and leverage additional resources established
IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded
IR 5.2 Capacity to design, develop and maintain information systems enhanced

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Products and Significance	Recommended follow-up
Respond to USAID requests for support to GAVI	*Support to USAID participation in GAVI provided in key meetings and documents.* *Implementation of priority immunization activities for which funding is available and that USAID has chosen for start-up.* • Ghana Immunization financing report Ann Levin received and incorporated comments and suggestions on the draft Ghana Immunization Financing study	The PHR*plus* Ghana Immunization Financing report will be presented to key MOH, MOF and NGO partners and is designed to help to inform future policy discussions about costs	PHR*plus* is publishing the Ghana report in October 2001.

Anticipated Results	Planned Milestones and Progress	Products and Significance	Recommended follow-up
	from USAID/Accra staff, the MOH and other key players in Ghana. At the suggestion of Bob Pond, out-going PHN officer, PHR*plus* staff circulated the draft report for broader review by Ghana health professionals. Levin prepared for a September TDY to Ghana to disseminate the report and share findings with key stakeholders. PHR*plus* local staff member Patrick Addai handled administrative details such as local workshop preparations. Unfortunately, Levin's TDY was cancelled in the wake of terrorist attacks in the US and the subsequent airport closings. After the Ghana mission denied travel concurrence until October 5, Levin arranged with two local authors (Garshong, Temprey) of the report to present the findings to two meetings in mid-September. • GAVI Financing Task Force Steve Landry, USAID Immunization Financing contact, requested that PHR*plus* support the participation of Violaine Mitchell, GAVI Financing Task Force (FTF) coordinator, in planning meetings for the September FTF meeting in Washington, DC. During the week of July 9, Mitchell traveled from Vancouver to Washington, DC, for planning meeting with staff from the World Bank and USAID. She then went on to New York City for further consultations with FTF staff. The September FTF meeting in Washington, D.C., has been cancelled due	of introducing new vaccines and financial implications.	

Anticipated Results	Planned Milestones and Progress	Products and Significance	Recommended follow-up
	to the security concerns posed by the terrorist attacks. PHR*plus* cancelled plans for Miloud Kaddar, as well as Washington based staff, to participate in the meetings. • June GAVI Financial Sustainability Meeting Levin provided technical assistance at the June 4-7, 2001, GAVI Immunization Financial Sustainability meeting in Geneva, Switzerland. WHO, USAID, and CVP co-sponsored the meeting to help define guidelines for developing financially sustainable plans for immunization programs. In addition to Ann, PHR*plus* consultant Miloud Kaddar and Marty Makinen (funded with Gates' CVP program) attended the meeting and provided technical oversight. Four country teams (Bangladesh, Benin, Ukraine, Zimbabwe) attended the meeting and assessed indicators for financial sustainability. PHR*plus* funded air travel costs for two country teams (Bangladesh and Zimbabwe) and PAHO's Matilde Pinto to attend the meeting. At the GAVI meeting, Makinen agreed to chair a working group on refining the financial sustainability indicators developed by the country delegations at the meeting. Other working group members include Ann Levin, Ruth Levine (World Bank), Matilde Pinto (PAHO), Germano Mwabu (University of Nairobi) and Magda Rosenmoller (World Bank.)		

Anticipated Results	Planned Milestones and Progress	Products and Significance	Recommended follow-up
	Following up on the June GAVI Financial Sustainability meeting in Geneva, Switzerland, PHR*plus* staff worked on the following activities: 1. Technical support and re-analysis of the WHO IF database with Patrick Lydon; and, 2. Technical support and direction for the working group on financial sustainability indicators, formed at the Geneva meeting. Regarding technical support for Patrick Lydon, PHR*plus* agreed to work with the World Bank to assist in training and capacity building exercises to improve WHO IF databases. In mid-August, the working group produced a draft set of indicators for review and approval of the FTF at its September meeting in Washington, D.C. This meeting was unfortunately cancelled (see above.) • Polio Research In May, Ann Levin was approached by Ellen Ogden of USAID to be a liaison to a WHO Research Steering Committee on OPV/IPV. In August, Levin, Edmond and Makinen discussed with Ogden the need for PHR*plus* input to the research steering committee as it examines costing options of switching from oral polio vaccine (OPV) to injectible polio vaccine (IPV.) On September 19, Levin and Edmond participated in a conference call with	• Polio Report Ann Levin and Xingzhu Liu continued to work with on modifications to the polio paper on the cost of switching from OPV to IPV. The draft report was circulated to several staff members and comments were incorporated.	PHR*plus* is continuing discussions with the World Bank and WHO. This activity has been delayed slightly due to the cancellation of the FTF September meeting. The paper is in final revision and will be produced in October 2001.

Anticipated Results	Planned Milestones and Progress	Products and Significance	Recommended follow-up
	Center for Disease Control (CDC) polio eradication staff regarding next steps and respective roles in the research costing activities. CDC invited PHR*plus* to Atlanta to discuss polio costing methods with their staff, perhaps in conjunction with travel to the APHA meeting, from October 22-25, 2001.	• Costing Methodology Paper Levin and Edmond collaborated on a cost methodology paper, which was submitted to the GAVI Financing Task Force at the end of July 2001. The paper examines the reasons for conducting cost analyses and when they should be done. • Publications In May, the four country IF synthesis was submitted to the Health Policy and Planning journal. We are waiting for comments on this article. In addition, Ann Levin submitted an article on the impact of the polio eradication campaign to the WHO Bulletin in May 2001. Levin is revising the paper in response to comments from technical reviewers.	PHR*plus* is waiting for comments on the paper.
Strategies and plans developed for immunization and other child survival activities.	Meet with USAID to develop strategy and plan for institutionalizing country capacity in immunization sustainability. PHR*plus* staff met with Steve Landry, USAID Immunization Financing contact, on May 15, 2001, to discuss on-going and possible activities. PHR*plus* provided a list of potential future immunization financing activities. Landry indicated he		

Anticipated Results	Planned Milestones and Progress	Products and Significance	Recommended follow-up
	was most interested in the following: • Technical assistance to countries on immunization financing (IF); • Training sessions with IF professionals on financing strategies; • Technical assistance and developing supporting materials for financial sustainability plans; and, • Additional country assessments as needed. In June, Levin and Edmond met with CVP staff (Kress, Makinen, K. Smith, Chee, Liu) to discuss possible areas of collaboration on immunization financing activities. CVP and PHR*plus* possible overlap areas include: • Training activities on financial sustainability issues; • Preparations for the September 2001 GAVI Financing Task Force meeting in Washington, D.C; • Technical assistance in West African countries; and • Consultative meetings and review of project activities and documents.		
Meet with USAID to develop a multi-strategy for PHR*plus* work on immunization and to develop plans for PHR*plus* work in IMCI and other child survival services. Begin to implement those immunization activities for which funding is available and that USAID has chosen for start-up.	On July 30, 2001, USAID SO3 team leader Al Bartlett met with PHR*plus* staff (Pielemeier, Makinen and Edmond) to discuss potential child health related activities for the coming years. Despite some confusion about specific funding levels, Bartlett agreed that PHR*plus* priority activities are immunization financing, integrated management of childhood illness (IMCI), polio and potentially Vitamin A.	Bartlett directed PHR*plus* to pursue work on the IMCI costing tool as a priority. This includes field-based capacity building and information sharing at national and donor levels. Bartlett also agreed that PHR*plus* should conduct an assessment of the effectiveness of Community-Based Health Financing (CBHF) schemes and Mutual Health Organizations (MHOs) in Africa in increasing utilization of child health priority	

Anticipated Results	Planned Milestones and Progress	Products and Significance	Recommended follow-up
	PHR*plus* staff presented a list of promising activities, including a proposal to work with the LINKAGES project to perform cost analyses of on-going breastfeeding interventions in Ghana and Madagascar. Bartlett indicated that he preferred that this work be funded through other sources. (Makinen communicated this to LINKAGES staff, and PHR*plus* staff is awaiting response from them regarding alternative funding options.) • IMCI Jack Fiedler attended the May 4th IWG meeting on the IMCI costing tool. In a related activity, Fiedler traveled to Honduras to conduct a costing exercise using the IMCI tool. In collaboration with the BASICS project, Feidler participated in a multi-day workshop on the IMCI costing tool and use of the model in policy and decision making. Marty Makinen participated in an IWG meeting on the private sector and child health at the World Bank. Potentially PHR*plus* will want to contribute to this IWG agenda.	services among various populations. *PHRplus* has drafted a TD and budget to undertake this activity. Bartlett also said he would discuss potential PHR*plus* activities with USAID micronutrient staff who have contributed $120,000 to the project.	

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
PHR*plus*' SO3 work in FY'01 has made important contributions to global issues of importance to improving health system performance. In doing so, PHR*plus* has leveraged its past work, while making contributions to multi-disciplinary and multi-donor efforts. In this way, PHR*plus*'s SO3 work is maximizing its impact.

The Ghana immunization financing analysis adds one more set to the data that the world community uses to develop immunization-financing policy. GAVI's Financing Task Force (FTF) has relied heavily on PHR and PHR*plus* immunization financing studies as the basis for developing

its policies. The PHR/PHR*plus* studies in Côte d'Ivoire, Morocco, Bangladesh, Colombia, and Ghana are among the most complete and most carefully done studies of their kind. The methodology for conducting such studies has been adopted by GAVI as its standard or best practice.

GAVI's FTF also relied on PHR*plus* to develop one additional item for its "briefcase" of tools for use in financing immunization programs. The draft tool produced by PHR*plus* is on the methodologies to use for costing. This tool draws from PHR*plus'* practical field experience. It will be posted on the FTF website to make PHR*plus*' expertise available to anyone who needs it.

The experience and analytical work performed by PHR*plus* personnel on the GAVI FTF subgroup on financial sustainability indicators was critical to accomplishing this task. PHR*plus* personnel helped facilitate a country stakeholder engagement meeting to obtain "bottom-up" input, then chaired the inter-agency subgroup assigned to use the country input, and led the development of the global and national indicators that soon will go to the GAVI Board for formal adoption.

The decision about what to do post polio eradication, in terms of whether and when to switch to IPV from OPV, is a complex question that the world community is grappling with now. PHR*plus* is making a major contribution to this decision by performing analysis of the decision to switch in terms of costs.

Finally, PHR*plus* personnel serve as technical resources to two important international working groups on IMCI and the private sector and child health. In this regard, PHR*plus* brings its practical experience and expertise in system performance to international forums.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
450,000 – May 01	265,133	196,012	253,988	7.4

3.7 HIV/AIDS SO4

Overview: The SO4 HIV/AIDS PHR*plus* activities will continue to support USAID's global leadership in HIV/AIDS with a special focus on rapid scale-up countries. The activities build upon the substantial work done under PHR and provides support to USAID's role in mobilizing and collaborating with other international donor efforts. Activities include providing continuing general support to USAID's participation in a resource flow tracking working group, developing a multi-year strategy to address cost, financing and other health system strengthening and reform issues as they affect HIV/AIDS, and beginning to implement priority activities, such as developing a framework to help policy-makers make decisions about provision of antiretrovirals.

SO4: Increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic.

PHR*plus* Intermediate Result 1: Appropriate health sector reforms are effectively implemented

PHR*plus* Intermediate Result 4: Health financing is increased and more effectively used

Sub-IRs:
IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions improved
IR 4.1 Rational financing policies enacted
IR 4.2 Alternative financing schemes to improve affordability of services implemented
IR 4.4 Partnerships to mobilize and leverage additional resources established
IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded

Progress Made against Planned Results and Milestones (initial activities conducted through an advance from core funds)

Anticipated Results	**Planned Milestones and Progress**	**Significance**	**Recommended follow-up**
Respond to USAID requests for support to resource group of resource flow tracking and other global leadership issues as requested. This includes attending the UNAIDS workshop in Mexico.	*Support to USAID participation in UNAIDS resource flow tracking working group.* PHR*plus* staff attended the UNAIDS-sponsored meeting on monitoring of HIV/AIDS resource flows and UNAIDS Reference Group on Economics in Mexico in February 2001. *Support to USAID in other global leadership issues* Jennifer Day attended the Rockefeller Foundation meeting on "AIDS Care in Africa," in Kampala, Uganda from April 18-20, 2001. A core meeting discussion concerned implications of lower ARV costs for treatment and care for HIV/AIDS clients in Africa. In addition to identifying research priorities and the need to foster African research leadership, the meeting also identified the	As a result of PHR*plus* staff presentation highlighting the need to also track private expenditures for HIV/AIDS, which carry the bulk of treatment costs, one workshop recommendation was to focus on private allocations as well as donor and government allocations as guidelines are developed for tracking resources.	Continue discussions with SIDALAC and UNAIDS to harmonize methodology for tracking public and private expenditures on HIV/AIDS.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	importance of strengthening the African health care infrastructure, as well as the need to address operational issues in the delivery of cost effective and sustainable HIV care. PHR*plus* staff provided USAID with written feedback on the UN General Assembly Special Session on HIV/AIDS' draft Declaration of Commitment on HIV/AIDS on May 15, 2001. From May to July 2001, PHR*plus* staff contributed to three Health Sector HIV/AIDS Group planning meetings regarding development of a rapid assessment methodology to determine the impact of HIV/AIDS on the health sector, including revision of the SOW. Africa Bureau is funding a rapid assessment based on a model identifying HIV/AIDS impacts on the educational sector through HEARD/ University of Natal and Abt's South Africa Regional Office. At the IWG meeting June 14-15, 2001 staff presented lessons learned about HIV/AIDS from NHA, including household HIV/AIDS costs and local capacity building in costing, and helped define concrete next steps for addressing treatment, care and support of HIV/AIDS. The presentation raised questions and prompted requests for further information from key HIV/AIDS Division staff. PHR*plus* staff members have provided information on effective channeling of resources to NGOs and communities. At	PHR*plus* staff have also attended and contributed to five meetings concerned with mitigating the impact of HIV/AIDS on health and other sectors, including the Director's Joint Consultative Committee (DJCC) of the Commonwealth Regional Health Community Secretariat (CRHCS) conference in Arusha, Tanzania, from July 9-13, 2001.	Based on the outcome of findings and results from the mobile task teams, PHR*plus* may play a role in conducting country level assessments or providing technical assistance to governments in thinking through their human resource strategies and implementing policies and programs.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	the USAID HIV/AIDS SOTA Course, on July 13, 2001, Catherine Connor presented PHR's experience with NGO contracting mechanisms for HIV/AIDS at a panel on "HIV/AIDS Programs in their National Contexts".		
	Former Rwanda resident advisor Pia Schneider represented PHR*plus* at a regional training course for the development of National Health Accounts (NHA) in the Caribbean, from September 10-14, 2001, in Bridgetown, Barbados. Schneider presented the NHA methodology and described findings from the HIV NHA exercise in Rwanda. Schneider also provided technical assistance to this newly formed Caribbean NHA network, being organized by PAHO and WHO in collaboration with FUNSALUD.	MOH and MOF staff from eight Caribbean countries attended the training course. The country participants expressed enthusiasm for conducting NHA HIV assessments in their countries, and staff members from Jamaica, Guyana and Suriname and Trinidad and Tobago were particularly interested in PHR*plus* technical assistance.	MOH and National AIDS program staff will contact local AID missions to discuss resource possibilities.
	At the request of USAID, PHR*plus* staff worked with other CAs (TVT and DAI) to incorporate health systems performance indicators into the Monitoring and Evaluation component of the HIV/AIDS division Expanded Response Framework. On September 20, 2001, Ed Kelley met with Laurie Liskin at DAI to help incorporate indicators on policy, financing/resource management and health systems information. Liskin will revise the M&E framework to include these indicators and provide feedback to PHR*plus*.		
	Over the past six months, PHR*plus* staff have conducted ongoing networking		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	activities, including attending seven local meetings on resource allocation and service delivery aspects of HIV/AIDS. Meeting topics include the impact of HIV/AIDS on human resources in the health sector; the Resource Allocation Model for HIV/AIDS Program Managers; effective allocation of HIV prevention resources; and Voluntary Counseling and Testing. PHR*plus* staff members have also attended and contributed to five meetings related to HIV/AIDS treatment, care and support. These have addressed issues ranging from the implications of lower ARV costs for treatment and care in Africa to the role of traditional healers in care and support to specific concerns around mother-to-child transmission.		
Strategies and plans developed for HIV/AIDS activities	*Develop a multi-year strategy for HPSS work on HIV/AIDS and develop plans for HPSS work in rapid scale-up countries*. PHR*plus* staff held several internal meetings to develop strategies and plans for HIV/AIDS activities. On April 19, 2001 PHR*plus* participated in a CA meeting convened by USAID's Health Policy and Sector Reform unit to share with AID's HIV/AIDS division information on on-going CA work, and to decide on potential collaborative activities. TRG staff Pam Foster, along with Margaret Morehouse, facilitated the discussion. Nandakumar presented an overview of HIV/AIDS activities conducted under the PHR project, and	Strategies and SO4 HIV/AIDS Workplan developed and shared with USAID. Coming out of this meeting, PHR*plus* provided input to the UNGASS declaration document in May 2001.	

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	Nancy Pielemeier expressed several notions on approaches to future collaborative work. Other CA agencies described their HIV related activities, and then the group, in collaboration with AID staff, examined the gaps between existing activities and needs of the HIV/AIDS bureau. TRG produced a summary of the meeting and sent it to AID for dissemination and input on next steps. PHR*plus* staff shared draft work plans with and received feedback from USAID Health Policy and Sector Reform staff during a conference call on August 23, 2001. In addition, USAID staff provided more detailed feedback during a workplan presentation meeting on August 30, 2001. On September 19, 2001, PHR*plus* staff met with HIV/AIDS contact Kate Crawford and Karen Cavanaugh to discuss planned and potential future activities. PHR*plus* has hired Gilbert Kombe, as Senior HIV/AIDS Advisor, who will come on board October 22, 2001.	Crawford indicated her priority activities are the development of a treatment costing conceptual framework and related software tool for implementation in USAID's HIV/AIDS Rapid Response countries.	PHR*plus* is following up on several suggestions from Crawford concerning next steps on the AVR conceptual framework and potential field-based activities in East Africa.
Implementation of priority activities initiated.	PHR*plus* staff have developed and begun implementing several activities designed to: • Track HIV/AIDS related expenditures within the context of overall health expenditures in order to identify shares of public, private and donor financing globally. • Explore costs of HIV/AIDS services and assess feasibility of care and treatment programs.	TDs for these activities have recently been approved and work is underway.	

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	• Provide an overview of global ARV policies and programs and provide a conceptual framework on ARV program elements and costs to guide policy decisions and planning. • Examine specifically the AIDS treatment experiences in Mexico and perhaps one or two other Latin American countries and to assess the cost and feasibility of implementing AIDS treatment programs. • Investigate the potential for existing CBHF schemes to meet needs of HIV/AIDS patients through community-based services.		

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
One of the most pressing issues at the moment is to help countries identify the feasibility of different prevention, treatment and care options for their situation and how the health system can be strengthened to effectively and sustainably implement such options.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
940,000 – May 01	433,005	172,986	767,014	8.5

3.8 Infectious Disease SO5

Overview: Relating directly to the project IR of "Health information is available and appropriately used," activities supported through S05 focus on developing and/or strengthening infectious disease surveillance systems". The major targets of SO5 assistance will be technical leadership in the design and content of health management information systems, supervisory structures, communication, and use of that information to make decisions. Some SO5 activities will go toward complementing mission and regional activities.

PHR*plus* Intermediate Result 5: Health information is available and appropriately used
IR5.1: Policies for effective application of information management and processes enacted
IR5.2: Capacity to design, develop and maintain information systems enhanced
IR5.3: Community knowledge of health care practices and options increased

Progress Made against Planned Results and Milestones

Because the HIS/IDS team was not in place until the final quarter of this fiscal year, several results were not listed in the initial workplan, but have since been developed and are listed here.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Selection of countries and technical agenda approved for S05 support.	Priorities were suggested and number of countries and discussed with USAID. Several meetings were held with USAID to define technical agenda in various countries. An initial set of countries for long-term assistance has been identified and discussions with Global, bureaus, and missions are continuously in progress. A number of countries may receive core S05 funding to support ID activities. For example, an agenda for S05 Tanzania has been discussed (please refer to Task 3). The regional Bright Ideas project has chosen an initial country (Belarus) and has started planning and coordinating with other players, including WHO/EURO and PATH. Ukraine has also been identified for implementing national disease surveillance system.	A number of countries may receive S05 core funding to support surveillance activities. Some countries will receive S05 funding to complement mission and/or regional funding. PHR*plus* is coordinating with WHO/EURO and other partners to provide technical leadership in NIS and E&E countries.	Discussions should continue to identify areas and activities where S05 funding would be appropriate to complement implementation and/or evaluation of surveillance systems in innovative ways (e.g. the behavioral approach in Tanzania). Activities under Bright Ideas will continue to focus on initial startup in Belarus and Ukraine. Activities for startup in Moldova will be discussed. PHR*plus* will participate in the GAVI regional working group in mid-November.
Agenda approved for activities toward "global leadership"	*Several activities have been under development, including and ANE/IDS activity, development of a conceptual framework, development of a partnership between a state health department and a country, and the development of indicators of effective surveillance systems:* Participated in meetings with ANE Bureau to develop a technical agenda and funding for merging NHA with IDS data (refer to ANE Task 3). Dialogue has been initiated with the HIS/IDS, Research, and M&E teams as well as with Tulane Faculty to develop framework to provide technical leadership to USAID in planning and evaluating surveillance and health information system development initiatives. Initial discussion of this	The combination of IDS and NHA will focus on developing an innovative approach toward using data to solve a local issue.	An overall agenda and multi-year plan for these global leadership activities will be further developed. Additional activities consistent with the global leadership activities may be explored. A meeting will be held with Tulane Faculty in October 2001 to further develop this activity. The activity will likely include thorough literature review, a concept paper, a 2-day consensus-building workshop of experts, and a

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	activity was started in a meeting with Tulane Faculty in August 2001. Further meetings at PHR*plus* were held to develop the focus and approach of the activity. Dialogue initiated to develop a partnership between a state health department and a country toward improving surveillance in a developing country. The US-based Council of State and Territorial Epidemiologists (CSTE) has confirmed interest in this activity and has offered to facilitate in identifying and developing a partnership. Collaborated with the Monitoring and Evaluation team to develop SO5 Results indicators incorporated into some of the CAPs.	The partnership expands access to and shares domestic expertise in surveillance systems.	model developed in a final paper. Tulane's experience in developing papers built on expert consensus will help to facilitate the process of this activity. Continue to work with CSTE to identify US health departments who are interested in developing a partnership. Will to continue to work with USAID (including Egypt) to identify countries where a partnership would lead to a constructive result. Need to further identify and match characteristics of interested local health departments with a country with respect to ID surveillance Participate with efforts already initiated by WHO/AFRO and CDC to develop overall indicators for disease surveillance systems.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Due to the uncertainties surrounding the award protest, the HIS/IDS team was not assembled until well into the fiscal year. The Tanzania activity took priority from the technical advisor. During the final quarter of the fiscal year, the four-person team of HIS/IDS was assembled, and more time and attention has been available for developing the S05 agenda.

Activities under Bright Ideas requires extensive coordination of activities with WHO/EURO. Develop of a coordinated PHR*plus* workplan is dependent on the development of a broad overall workplan by WHO/EURO. WHO/EURO has not yet assigned a WHO officer to this activity.

The CSTE activity was focusing on Egypt as a possible country for which a partnership could be developed between a state health department and country. The events of September 11, 2001 have delayed further development of the Egypt portion of this activity. Egypt is still considered an option, although alternate countries are being explored.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
1,695,000 – Sept 00				
1,500,000 – May 01				
3,195,000	670,000	162,512	3,032,488	7.3

4. Task 2 – Health Systems Research

Overview: Task 2 includes the design, conduct, analysis, dissemination and application of results from applied, operations and evaluative research. During the first year of the project it was anticipated that PHR*plus* would establish a research agenda consisting of six to eight research topics intended to fill gaps in knowledge of health system operational constraints and solutions. The agenda was to build upon previous HFS and PHR work and also technical assistance requests under PHR*plus*. The project is also required to implement at least three intensive research and demonstration (IRD) sites to test and validate new tools and methodologies and to identify the most effective approaches to health system strengthening. During the first year of the project it was anticipated that initial steps in the implementation of the IRD sites would be undertaken.

PHR*plus* IRs:
IR1 Appropriate health sector reforms are effectively implemented.

PHR*plus* Sub IRs:
IR1.1 The design, adoption and management of reforms that affect PHN priority interventions improved. (Contributions also expected to other IRs and sub IRs depending upon the nature of the research identified.)

Progress made against Planned Milestones:[1]

Planned Milestones	Progress	Recommended Follow-up
Preliminary research agenda established and approved.	Work on the research agenda is still ongoing. USAID requested that PHR*plus* adopt a more consultative approach than that initially envisaged. PHR*plus* responded by proposing an email survey of missions. This is proving difficult to implement. PHR*plus* has initiated some meetings with outside agencies (such as the World Bank) to discuss the research agenda, is collecting research agendas from regional research networks and is initiating thinking and reviews around specific possible research topics. The TD submitted to AID now envisages that the final research agenda be	Activities should continue according to plan. There may be a need to reconsider how to consult with mission staff over agenda development.

[1] Research activities planned during Year 1 were preparatory in nature – consequently there were no planned results, only milestones and deliverables.

Planned Milestones	Progress	Recommended Follow-up
	submitted to AID by December 31, 2001	
Identify and initiate approvals for at least one demonstration site	PHR*plus* is currently considering three possible countries for IRD sites. A small cross-cluster working group has been meeting to clarify the concept of IRD sites and plan this piece of work. Given funding limitations the identification of IRD sites is very much contingent upon the development of country technical assistance programs which lend themselves to research. In all three potential sites PHR*plus* technical assistance staff are concerned about how to present the notion of an IRD site to local partners without overwhelming them and/or evoking a negative reaction.	The cross cluster working group on IRD sites needs to continue to discuss this issue with country teams and during the next few weeks take concrete steps to initiate discussion with mission staff and local counterparts.
Draft detailed design and implementation plans for at least one intensive demonstration site.	No detailed plans for IRD sites currently exist. These plans can only be developed in partnership with local mission staff and counterparts, and because of sensitivities around the concept of IRD site these type of open negotiations have not yet been able to start. It seems likely that IRD sites will be built up incrementally upon existing technical assistance plans. As part of the detailed planning for IRD sites PHR*plus* is engaged in a review of experiences with other pilot health system reforms (including those under PHR, HFS and Zdrav). Initial findings are interesting and a technical report on the topic will be delivered by January 31, 2002.	The notion of developing detailed implementation plans for IRD sites should be dropped in favor of a more incremental approach to planning. This is due both to the sensitivities around the notion of an IRD site and to limited global funds to support activities in such sites.

Important issues, problems and most effective approaches to achieving further improvement in health system performance
Progress across all of the proposed research activities during Year 1 has been constrained by lack of mission interest and enthusiasm for research. PHR*plus* staff are well aware of these issues and consequently themselves are frequently reluctant to broach the topic of research with mission staff.

Going forward, limited core funding of research is a problem in its own right and becomes even more compelling when combined with the issue of lack of mission interest in research. Given limited core funding for research, the successful implementation of the research program is contingent upon the project being able to substantially leverage mission funds. If the project is unable to do this it may be that very little field-based research will take place under the project.

In terms of more effective approaches to achieving the objectives of Task 2: PHR*plus* had already recognized the importance of, as far as possible, adapting the research agenda to mission interests and proceeding in a sensitive manner. It would also seem that if it is possible to identify three or four countries where mission staff are supportive of research, then research activities should focus in these locations.

During the coming year PHR*plus* will need to focus on marketing its research capacity to Global Bureau SO teams, and in particular illustrating how cross-cutting research can contribute to SO-specific goals. The Knowledge Building cluster within PHR*plus* is already thinking about the development of such a marketing strategy.

Inputs Expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
178,489 – Sept 00				
213,759 – May 01				
42,752 – Jul 01				
435,000	175,600	15,713	408,972	1.3

5. Task 3 – Field Support

PHR*plus* provides technical assistance to develop and implement health sector reform programs for more effective delivery of priority services. Assistance in diagnosis and assessment of health system performance, design of strategies; development, implementation and adoption of reforms that sustain system improvements are conducted in close collaboration with local counterparts and communities, as well as through consultation with other CAs and donors.

In the first year of the Project, the funds were obligated to work in the following countries through Task 3: Benin, Guatemala, Honduras and Tanzania. In addition, the ANE Regional Bureau, Africa Bureau and the REDSO/ESA worked with PHR*plus* staff to develop regional programs. The Project, however, had numerous requests from countries that had not obligated FY'00 funds. PHR*plus* responded to these requests by providing advances from core funds. This enabled the Project to work closely with missions to develop multi-year programs and to be responsive to changing priorities in USAID countries. These additional countries included: Albania, Jordan, Egypt, Malawi, Ghana, Eritrea, Peru, El Salvador, Senegal, WCA, Georgia, and Zambia. This section will report on progress made in country programs, by region, the first year activities.

5.1 Africa Region

5.1.1 Africa Bureau

USAID recently asked PHR*plus* to provide them with suggestions for the $300k (obligated in the contract by the Africa Bureau) that would be acceptable to both the Global Bureau and the Africa Bureau. The suggestions proposed were to support current Ghana IDSR implementation activities and to support systems strengthening activities in the ongoing Equity Initiative in Mali. USAID suggested that the funds be split between support to the Ghana activity and support toward building a relationship with WHO/AFRO through participation in regional AFRO meetings. Consensus was reached between PHR*plus* and USAID's Disease Surveillance team. USAID will discuss the suggested programming with Africa Bureau. Meetings in the future will focus on continued Africa Bureau support for the Ghana IDSR Implementation activity.

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
300,000 – Sept 00	38,769	59,672	540,328	2.8

5.1.2 Benin

Overview: USAID/Benin has invested $375,000 into a multi-year PHR*plus* activity in order to support effective transfer of authority and finances to the decentralized operational unit of the Ministry of Health, the health zone. This follows USAID financing of a study of decentralization, health zones, and co-management implemented by PHR in August-September 2000. Some of the study's recommendations cannot be immediately addressed, due to the delay in organizing local elections of commune mayors, but many lie within the purview of the Ministry of Health and will become the focus of PHR*plus* work in Benin.

PHR*plus* will use a two part strategy to 1) create clarity of roles, responsibilities, and authority (throughout the MOH structure) in line with the decentralized policy of the health zone, and 2) generate political will to make such a transfer take place.

Mission Objective 2: Increase use of FP/MCH/STD/HIV services and prevention measures within a supportive policy environment
IR 2.1: Improved policy environment

PHR*plus* IR 1: Appropriate health sector reforms effectively implemented
PHR*plus* Sub IRs
1.1 Design, adoption and management of reforms that affect PHN priority interventions improved
1.2 Policymakers, providers, communities and clients empowered to participate in health reform
1.3 Monitoring effects of health reform carried our, used by stakeholders

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Develop a strategy for providing technical assistance.	*Planning for decentralization activities initiated* Discussions with USAID/Cotonou and the CADZS to propose initial steps to workplan (Dec) Team planning meetings to provide strategic guidance to the team (June). Lynne Franco and Cheikh Mbengue conducted a two-week assessment trip, meeting with key stakeholders within and outside the Ministry of Health and outlining the Country Assistance Plan (CAP).		Revisions to the CAP will take place in the first quarter of FY02, based on feedback received from USAID and continued dialogue with the Ministry of Health

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	Local staffing strategy defined Recruited consultant Cheikh Mbengue to provide ongoing technical assistance to the MOH through both an on the ground presence and short term TA. *Country Assistance Plan designed through consultation with key stakeholders.* Submitted draft to USAID/Cotonou.		
Stakeholders support health sector decentralization of responsibility, authority, and resources necessary for a well functioning health zone	*Study tour participants demonstrate increased commitment to health sector decentralization* Study tour planned to Senegal (to take place next quarter): participants identified and program outlined Orientation workshop for study tour participants conducted to begin dialogue on study tour objectives. *Donor coordinating committee supported* First meeting held to discuss coordination mechanisms *Political support increased within and outside MOH* Meeting and discussions with stakeholders within and outside the Ministry of Health	Minister of Health to lead study tour Donors supporting health zone implementation have discussed areas of coordination. Chairman of committee responsible for health in National Assembly is planning ask the Minister of Health to present on the health zone situation to the entire National Assembly.	Study tour implementation Continued search for effective mechanisms for coordination (and its links to donors working in administrative decentralization overall.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
The start of PHR*plus'* work in Benin was postponed for several months due to presidential elections and subsequent cabinet changes. The study tour has been postponed to November. This is due to delays in naming key central level staff within the Ministry of Health. However, groundwork has already been laid in Senegal for the study tour program and no difficulties have been raised with postponing the study tour.

PHR*plus* strategy for Benin, in addition to providing technical support to the development of roles and responsibilities and supporting texts and tools, is also focusing on advocacy and building the political will and support to ensure implementation of the decentralization policy within the health sector.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
375,000 – Sept 00	375,000	59,938	315,062	3.1

5.1.3 Democratic Republic of Congo

PHR*plus* technical officer, James Setzer, traveled to Kinshasa, Democratic Republic of Congo (DRC), from 17-20 September, 2001 to follow up on meetings held in Washington with personnel from USAID/DRC and the SANRU III project. SANRU III is USAID/DRC's large rural health project that will support the re-establishment/reinforcement of health services in approximately 60 rural health zones throughout the country. The purpose of the trip was to refine the list of activities that PHR*plus* might carry out (with separate USAID funding) in support of SANRU III project objectives. In addition, discussions were held with USAID personnel about other potential PHR*plus* activities that might contribute to development of a USAID/DRC strategy for addressing health problems in urban settings. The planning trip was cost-shared with the Dikembe Mutombo Foundation, which is currently building a hospital in Kinshasa.

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
500,000 – Sept 01	67,062	1,496	498,505	0.1

5.1.4 Eritrea

Overview: PHR*plus* will work with the MOH on designing and implementing hospital reform at the public main referral hospital. In addition, PHR*plus* will assist the MOH to establish a hospital alliance that will, among other responsibilities, be responsible for replicating reform activities at other public hospitals. The long-term goal of the MOH is to improve the operational and financial efficiency of the hospitals. A PHR*plus* team conducted an initial trip in April 2001. PHR*plus* has since presented the MOH with a report on hospital reform policy options, which will be further discussed with the MOH and hospital directors during a November planning session.

Mission Objective:
SO1: Increased use of sustainable, integrated PHC services by Eritreans

USAID/Eritrea IRs:
IR 1.1: Access to integrated PHC services improved
IR 1.1.1: Policies for PHC service delivery improved
IR 1.1.2: Capacity to manage and plan for PHC services enhanced

IR 1.3: Quality of PHC services improved

PHR*plus* IR
IR 1: Appropriate Health Sector Reforms are Effectively Implemented

Progress Made against Planned Results and Milestones:
The Eritrea Mission requested technical assistance from PHR*plus* in February 2001. As a result, Eritrea activities were not part of the PHR*plus* first year implementation plan. The work below was implemented with advances from core funding.

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Policy options developed	*Draft policy options for MOH and present at a planning meeting* Completed a draft document for the MOH laying out the policy options for implementing hospital reform in Eritrea *Plan a meeting in Eritrea in September to present, discuss and reach consensus on the policy efforts and implementation steps to be taken* Hospital Planning meeting with MOH occurred at the end of September	Provide the MOH with proposed action to consider and debate.	Reach consensus on implementation steps for hospital reform and begin forming the Eritrean Hospital Alliance. Shehata will meet with Minister and other key officials in November 2001 to agree on implementation steps for hospital reform.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Due to political instability, Ibrahim Shehata did not travel to Eritrea for the planning meeting. The hospital directors did meet however and discussed policy options for Eritrea. PHR*plus* will form an Eritrean Hospital Alliance, which will enable hospitals to share knowledge and build local capacity.

Inputs expended during FY01 to achieve progress:

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
300,000 – Sept 01	139,000	37,855	262,145	1.4

5.1.5 Ghana

Overview: USAID/Accra has provided PHR*plus* with $320,000 to provide technical assistance to mutual health organizations (MHOs) in Ghana, as well as to provide broader technical assistance to the development of a health sector financing plan. The objectives of this program are to increase access to and demand for quality priority health services in Ghana and to enhance the country's capacity to design and develop effective and sustainable health financing solutions. The program of training and technical assistance proposed is built on PHR's extensive experience in Senegal, Ghana, Mali, Côte d'Ivoire, and in other parts of Africa with mutual health organizations and community financing. In addition to supporting these activities through Ghana field support funds, PHR*plus* has committed WCA regional and project core resources to working with MHOs. These complementary investments will permit PHR*plus* to better evaluate, document, and disseminate important findings to inform the rapid growth of the MHO movement in Ghana and beyond.

Mission Objective 3.1: Increased Use of Reproductive Health Services
3.1.1 Increased demand for RH services
3.1.2 Improved Quality of RH Services
3.1.3 Increased access to RH services
3.1.4 Improved policies for RH services

PHR*plus* IRs:
IR 1: Appropriate health sector reforms are effectively implemented.
IR 2: Health workers deliver quality responsive services.
IR 3: Commodities are available and appropriately used.
IR 4: Health financing is increased and more effectively used.
IR 5: Health information is available and appropriately used.

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
PHR*plus* Partner MHOs increase their coverage of USAID priority services (MCH, PHC) in their benefits packages	*Complete country activity plan* CAP submitted to USAID. PHR*plus* identifies groups wishing to initiate MHOs and selects new partners who want to start MHO's covering the mission's priority areas – e.g., MCH/RH/PHC MHOs covering the Mission's priority areas identified	At least two MHOs dedicated to offering MCH identified in Ashanti and Eastern	New partner MHOs prepared for detailed PHR assessment next

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
		regions	quarter
	Assessments of two MHOs for technical support completed and plan for detailed surveys developed.		Surveys and TA to begin for these MHOs
MHOs in one district better equipped to collect and use health information for planning and disease surveillance	*Develop and refine systems at the MHO and community level to collect and use health information for planning and disease surveillance* Meeting of technical teams of IDS and MHO programs held in Ghana to discuss ways of dovetailing the two project areas into each other to enable collection of health data by MHOs in one district (Dodowa) for planning purposes.		Concrete plan for such data collection by MHOs in Dodowa to be developed
PHR*plus* Partner MHOs are better designed, increase their memberships, and are more sustainable	*Reinforce capacities of existing MHOs* Seven regional and one national dissemination workshop held to disseminate PHRproducts on MHOs in Ghana	Training of trainers manual for MHOs and other MHO materials disseminated to over 800 participants, including representatives from the MOH, District Assemblies, MHOs, trade unions, and Traditional Councils.	
Quality improvements in health service delivery are leveraged in districts where PHR*plus* target MHOs operate	*PHRplus completes draft manual for MHOs to promote the incorporation of quality principles in contracts with providers* Concept paper for quality modules and work plan developed.		Questionnaire developed to gather baseline information from MHOs on current understanding and inclusion of quality concepts. To be implemented to form starting point for quality manual for MHOs.
Appropriate health financing policies developed to support MOH role in the emerging Mutual Health Organization movement	*PHRplus produces report on health financing in Ghana* Inventory and database of MHOs produced National survey of health care financing systems in Ghana conducted; final report	47 MHOs profiled (by region, year started, stage of development, general features, # members, dues, and socioeconomic characteristics) Report covered government and public sector initiatives, private sector initiatives and community-based	Report to be formatted and produced by PHR*plus*/Bethesda for wider dissemination.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	submitted; draft disseminated in Ghana.	initiatives. Circulated widely in-country among MOH and donors to inform development of national health care financing policy.	

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
The support for MHOs is broad in Ghana at the moment, from the new Minister of Health to the USAID mission director to the powerful Ashanti king. Opinion leaders are now stating publically that every district in Ghana should have an MHO. Moreover, the government is hoping to formulate its health care financing policies - including targeting the poor through social reinsurance - through the mechanisms of MHOs. The ideas being put out are bold and ambitious. There is both opportunity here and danger. The opportunity is to draw upon the rare coincidence of political and donor support for (seemingly) real changes. The danger is in trying to bite off too much too quickly. The many items on the agenda for the 'social reinsurance'--including, but not limited to, government financial risk support, pooling of financial risks, access to technical assistance for MHO development and operation, and means to target government subsidies to the disadvantaged--all are good things one by one. At the same time, each one is a complicated and daunting challenge to implement by itself. In combination--if not phased in some manner--they are likely to be overwhelming. Further, it would take some analytical work and thinking to determine whether all or what combination of these items go together in a single institution. It may be the case that different institutions should be created to handle each one or subsets of the items. This would be done to make the tasks manageable and/or to avoid internal conflicts of interest.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
320,000 – Sept 01	320,000	60,977	259,023	3.8

5.1.6 Ghana (Infectious Disease)

Overview: An assessment of the current Ghana Health Service/Ministry of Health disease surveillance and response systems was conducted in August 2000. The assessment was carried out in collaboration with WHO/AFRO, CDC and other key health sector partners. The assessment identified a number of weaknesses in the current system and specific actions to correct them. An action plan to develop/strengthen the integrated disease surveillance capacity of the MOH was written incorporating many of those actions and adopted by the MOH in November 2000.

USAID/Accra has for many years supported/funded activities in Ghana to improve the capacity of the MOH to recognize and respond to infectious disease epidemics and other threats (e.g., the appearance of anti-microbial resistant strains of certain pathogens). USAID/Accra has requested that the PHR*plus* Project provide targeted technical and financial assistance to the MOH in support of implementation of the MOH IDSR action plan.

All infectious disease activities in Ghana will support the Ministry of Health to design and implement an integrated disease surveillance system capable of improving the MOH capacity to detect and respond to infectious disease outbreaks and other threats.

Mission Objective 3.2: Increased use of selected child survival (CS) services
IR 3.2.4 Improved management of CS services

PHR*plus* IR5: Health information is available and appropriately used
IR5.1: Policies for effective application of information management and processes enacted
IR5.2: Capacity to design, develop, and maintain information systems enhanced
IR5.3: Community knowledge of health care practices and options increased

PHR*plus* IR2: Health workers deliver quality responsive services

Progress Made against Planned Results and Milestones:

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Improved capacity of MOH to detect and respond to infectious disease outbreaks.	*Provide technical assistance and input to the Ghana GHS/MoH in planning for an integrated disease surveillance and response (IDSR) system.*		
	Ongoing technical assistance was provided to Dr. Lawson Ahadzie, Head of the National Surveillance Unit (NSU) of the GHS in planning and preparing for IDSR implementation.	National surveillance unit has capacity to initiate IDSR implementation. PHR*plus* has strengthened role as leader among donors.	Continue to provide technical assistance as needed.
	Workshop held in collaboration with GHS/MoH and WHO to adapt the WHO draft generic guidelines for IDSR implementation. The workshop developed standard case definitions, data collection tools, reporting and analysis guidelines, thresholds and response procedures for 23 priority diseases to be monitored through IDSR.	1st and crucial step in IDSR implementation complete. Guidelines are now Ghana specific and include priority diseases appropriate for Ghanaian context.	Guidelines need to be pretested in select districts prior to finalizing. A national consensus workshop will also be held. Tools will be developed by PHR*plus* that will assist in training district level staff in implementation of IDSR guidelines.
	PHR*plus* initiated procurement of equipment to network all NSU computers at central level to facilitate data analysis, data sharing and access to surveillance information.	NSU has materials necessary to carry out IDSR implementation and capacity to hold and analyze data.	Future procurements will be carefully considered.
	Participate in discussions with all interested stakeholders to develop a common agenda and to coordinate activities.		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Establishment of evidence base between improved information availability/utilization and quality of services	The first Interagency Collaborative Committee meeting was held to coordinate partner inputs and to develop a common agenda for IDS. *Develop a 1-year work plan for PHRplus that supports common agenda activities and IDS implementation.* A Country Assistance Plan for Ghana was developed. A work plan has been developed and vetted by the GHS/MoH and USAID/Accra for year 1 activities. *Examine opportunities to integrate MHO activities to IDS activities in Ghana.* The Dodowa Scheme in Dangme West Health District was visited to gain insight into opportunities to create synergy between MHO and IDS implementation and promotion.	The meeting was successful in building a broader group of partnership among the agencies capable of supporting IDS activities in Ghana. CAP provides long term strategy for Ghana.	Continue to participate in ICCmeetings. Continue to examine links between MHO and ID activities.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Continued funding beyond '01 is crucial if PHR*plus* is to remain in the leadership role for Infectious Disease activities in Ghana. Any future funding for ID work will come through the Africa Bureau rather than the mission therefore discussions are currently taking place to inform Africa Bureau on the ID strategy in hopes of securing additional funds.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
368,000 – Jul 01	95,278	67,436	300,564	3.3

5.1.7 Malawi

Overview:
At the request of USAID/Malawi, PHR*plus* will provide technical assistance in the areas of hospital autonomy and district strengthening as it has under the previous PHR project. In order to qualify under the World Bank's Highly Indebted Poor Countries (HIPC) Initiative, Malawi is developing an Essential Health Package which will address the major causes of mortality and morbidity in Malawi. PHR*plus*' strategy will focus

on strengthening operations and management systems at two central hospitals and assist 1-2 districts to prepare them for implementing the EHP. To meet those objectives, PHR*plus* has hired a long-term advisor in Malawi to assist the Ministry of Health and Population (MOHP) and has prepared a comprehensive Country Assistance Plan (CAP).

Mission Objectives:
SO3: Increased adoption of measures that reduce fertility and risk of HIV transmission, including improved child health practices
IR 3.3: Increased participation of community members in activities that improve health
IR 3.6: Improved MOHP support services
IR 3.8: Improved donor coordination
IR 3.9: Improved policy environment

PHR*plus* IRs:
IR 1: Appropriate health sector reforms are effectively implemented
IR 2: Health workers deliver quality responsive services
IR 4: Health financing is increased and more effectively used
IR 5: Health information is available and appropriately used

Progress made against planned results and milestones:
The Malawi USAID mission requested technical assistance from PHR*plus* in March 2001. As a result, Malawi activities were not part of the PHR*plus* first year implementation plan. The work below was implemented with advances from core funding.

Anticipated results	Planned Milestones and Progress	Significance	Recommended follow-up
Long term strategy for District Decentralization and Hospital Reform completed.	*Develop Country Assistance Plan (CAP) and Technical Directions (TDs) for Malawi Development, District Decentralization, and Hospital Reform.* TDs for District Decentralization and Hospital Reform and CAP were completed and submitted to USAID *Long term resident technical advisor for district decentralization hired and site office set-up* Khoti Gausi, previously a	USAID/Malawi and the Ministry of Health and Population (MOHP) agreed to PHR*plus* long term strategy. This action is in response to the MOHP's request for long term technical assistance in planning, district strengthening and decentralization to assure a constant PHR*plus* presence in Malawi.	Hospital Reform activities will be initiated FY2002, Q1: • Conduct a review of laws and regulations which impact hospital reform and decentralization • Assess hospital intake procedures at central level and collect existing data on admissions and discharges • Form working groups at central hospitals to develop policies and procedures A long-term resident technical advisor for Hospital Reform will be

Anticipated results	Planned Milestones and Progress	Significance	Recommended follow-up
	consultant under PHR, was hired full-time as the long-term resident technical advisor for PHR*plus*. *District Implementation Plans (DIPs) completed for 2001-2002* Khoti Gausi assisted DHMTs in completing their DIPs and attended an annual planning and budgeting review meeting to assess the DIP planning and budgeting process.		hired. Khoti Gausi will continue to assist the District Health Management Teams (DHMTs) in preparing their annual District Implementation Plan (DIP). To improve the DIPs for the following year, PHR*plus* will revise the budgeting and planning manual for the DHMTs and produce a computer program to facilitate the budgeting portion of the DIPs.

Important issues, problems, and most effective approaches to achieving further improvement in health system performance:
There will not be a permanent PHN officer at USAID/Malawi until summer 2002. There have been a number of personnel changes among key counterparts in Malawi. The MOH suffers a shortage of trained professionals, and HIV/AIDS severely affects the health system. This will impact the speed of initiating PHR*plus*' district decentralization and hospital reform activities. PHR*plus* has hired one long term resident technical advisor in Malawi to work on decentralization activities and will hire one long term resident technical advisor to work on hospital reform activities. This approach assures continuity of the project activities and builds capacity of local counterparts. The Government of Malawi is also initiating a Sector Wide Approach (SWAp) which will increase donor and MOHP coordination. PHR*plus* will be providing technical assistance to the SWAp in FY02.

Inputs expended during FY01 to achieve progress:

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
400,000 – Jul 01				
606,000 – Sept 01				
1,006,000	1,006,000	117,272	888,728	6.2

5.1.8 REDSO/East and Southern Africa

Overview: USAID/REDSO ESA has requested that the PHR*plus* project provide technical assistance to strengthen health sector reforms in the East and Southern Africa region, particularly in the area of health care financing. PHR*plus* will provide assistance in the areas of National Health Accounts and Community-Based Health Financing. To accomplish these activities, PHR*plus* will partner with the Commonwealth Regional Health Community Secretariat (CRHCS) in Arusha, Tanzania.

PHN SO:
Common Agenda

Mission Objectives:
IR 7.1: Improved viability of regional partner institutions
IR 7.2: Broadened technical resource base
IR 7.3: Expanded utilization of critical information
IR 7.4: Expanded policy dialogue

PHR*plus* IRs:
IR 1: Appropriate health reforms are effectively implemented
IR 4: Health financing is increased and more effectively used
IR 5: Health information is available and appropriately used

Progress made against planned results and milestones

Anticipated results	Planned Milestones and Progress	Significance	Recommended follow-up
Long term strategy for providing regional technical assistance to REDSO/ESA developed	*Plan participation in CRHCS workshop on Strengthening Health Systems in ESA* Input provided to planning of Arusha Workshop on Strengthening Health Systems in ESA. *Develop Regional Assistance Plan (RAP) and Technical Directions (TD) for NHA and CBHF activities* RAP and NHA and CBHF TDs submitted to USAID	REDSO/ESA RAP and NHA and CBHF TDs submitted to USAID	Implement activities laid out in RAP and TDs
Improved management and sustainability of CBHF schemes	*Identify team within PHRplus to conduct assessment of the Community Health Fund (CHF)* A team leader and a CBHF advisor were identified.	Team has been identified.	2-person team from PHR*plus* will travel to Tanzania in FY2002, Q1 to conduct an assessment of the CHF in Hanang district

Anticipated results	Planned Milestones and Progress	Significance	Recommended follow-up
	Plan assessment of CHF in Tanzania with CRHCS Tentative agreement reached with CRHCS on dates for assessment and location of assessment. Scope of Work sent to CRHCS and MOH officials for feedback. *Develop assessment tools for assessment of CHF in Hanang district* Tools under development and will be sent to CRHCS and CHF officials for feedback.		Subsequent to the assessment, recommendations will be made by the team to improve the management and sustainability of the CHF in Hanang district
Use of NHA findings in the formulation of health policies	*Plan and implement a regional network meeting of the Permanent Secretaries and country NHA representatives of the Ministries of Health in Malawi, Rwanda, Uganda, South Africa, Tanzania, Zimbabwe, Zambia, Mozambique and Kenya.* PHR*plus* staff worked with Mark Bura of CRHCS to plan and implement the PS regional meeting in Mombassa, Kenya from Sept. 17-21, 2001. PHR*plus* staff members drew up the agenda and proposed list of invitees with input from CRHCS and REDSO/ESA representatives. A. Fairbank, AK Nandakumar, I. Shehata, and S. De studied each ESA country's NHA report as well as other socio-economic data to	Permanent Secretaries and country NHA representatives will be able to disseminate key findings from the first round to NHA to policymakers in their respective countries.	PHR*plus* will follow-up with countries to ensure that NHA findings are disseminated.

Anticipated results	Planned Milestones and Progress	Significance	Recommended follow-up
	identify policy issues arising from the NHA studies. This preparation was done in an effort to be able to help country NHA team members design their presentations (at the Mombassa meeting) to disseminate their country's findings and policy implications to their permanent secretaries. The four staff members attended the meeting in Mombasa September 17-21, 2001.		
Build regional expertise in the area of National Health Accounts	*Jointly develop with CRHCS and present the NHA training courses. Carry out the first in a series of 4 NHA training courses* The dates of the NHA course were finalized from November 6-13, 2001 and the course will be held at the University of Zambia (UNZA) in Lusaka. The course syllabus and time allotments for each topic to be discussed were flushed out based on input from C. Mwikisa from UNZA, G. Cripps of REDSO/ESA, other donor collaborators, and PHR*plus* staff. The application package has also been finalized and was sent out to donor partners.	Those attending the training in NHA methodology will be able to provide technical assistance to other REDSO ESA countries, thereby building regional expertise in NHA.	First NHA training course will be held November 6-13, 2001 in Zambia.

Important issues, problems, and most effective approaches to achieving further improvement in health system performance:
The PHR*plus* NHA strategy aims to build local capacity by: (1) developing a course for academics who will incorporate NHA methodology into their curriculum; and (2) collaborating with local organizations. The NHA course is intended primarily for academics and researchers as opposed to government officials. However, many of the course's donor collaborators, though sympathetic with the target participant profile, face a dilemma

as their mandates primarily cater to offering services to Ministries of Health. Thus, some donor partners have stated that they will be primarily recommending and sponsoring Ministry officials to attend the course. PHR*plus* staff members are presently attempting to determine strategies to attract researchers and academics to participate in the course. The PHR*plus* CBHF strategy includes collaboration with the Commonwealth Regional Health Community Secretariat (CRHCS) and the implementation of the CHF assessment has depended partly on the participation and availability of CRHCS personnel, which has resulted in the delay of the Community Health Fund (CHF) assessment.

Inputs expended during FY01 to achieve progress:

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
400,000 – Sept 00				
190,000 – Jul 01				
170,000 – Sept 01				
760,000	760,000	180,822	579,178	7.3

5.1.9 Senegal

Overview: The PHR*plus* activities in Senegal build on USAID's previous investments to strengthen the MHO movement. USAID/Senegal funding, combined with regional funding for other West Africa countries, permit PHR*plus* to expand the experience gained through the former PHR project. Activities include continued technical support to existing and emerging MHOs, evaluation, documentation and dissemination of important findings that will inform the rapid growth of this movement in the region.

Mission Objective 3: Increased and sustainable use of decentralized reproductive health services (child survival, maternal health, family planning and sexually transmitted infections/AIDS)
IR 3.1 improved access to quality services; IR3.2 increased demand for quality services; IR3.3 increased financing from internal sources

PHR*plus* IR: Health financing is increased and more effectively used
IR4.2 Alternative financing schemes to improve affordability of services implemented
IR4.4 Mechanisms for stakeholder input to health financing decisions expanded

Progress Made against Planned Results and Milestones: The funding for FY'01 Senegal-specific activities has not yet been obligated. The Mission requested a joint work plan from PHR*plus* and the DISC bilateral in May. As a result, Senegal activities were not part of PHR*plus*' first year Implementation Plan. All work listed below was implemented with advances from core funding.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
More sustained financing and access to quality health care (priority services)	*Assistance provided to new MHOs or NGOs*		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	Developed 2 year work plan in coordination with DISC		
	Completed and disseminated feasibility study for MHO involving women's traders' group at Thies. Conducted Information campaign	Findings from Thies feasibility study on women's ability to pay led to further consultations and discussions with MHO members. Women decided on a lower dues rate and modified their benefits package.	Monitor enrollment to evaluate the impact of lower membership fees
	The MHO is currently in the critical phase of recruiting and setting-up.		An evaluation of the recruiting campaign is scheduled.
	Completed technical needs assessment for DEGGO women's group. No feasibility study was necessary because the women had already begun to contribute dues and the leadership has good managerial skills in other areas.	Members are expected to start benefiting from services next May 02, after the obligatory waiting period.	DEGGO shows the potential to become another 'GRAIM' and our recommendation is to encourage them to further develop their capacity to provide training to MHOs.
	Conducted training for DEGGO women's group to assist them in setting up an MHO and in defining the benefits package corresponding to their dues.		A series of trainings has been programmed. PHR recommends advanced training of trainers course for selected members of DEGGO in next FY.
	Provided assistance to Touba NGO planning to organize an MHO around new hospital	Completed first phase of feasibility study, including focus groups discussions. Provisional report submitted.	New hospital not yet complete. Will provide follow up TA once MHO established 2nd phase of study– quantitative research – due to begin around mid-Sept. 3rd and final phase – provider survey and analysis of management capacities – due by Nov.
	Held regional meeting to discuss alternative models of MHO development	Greater understanding at regional level of potential and limitations of the	Community impressed more by the Thiès model; NGO approach proved

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
		different models and greater clarity regarding the needs and preferences of the community.	controversial and unpopular; New work plan has been drawn up after subsequent PHR*plus* visit with emphasis on 2 pilot schemes on Thiès model and modified proposal to involve NGOs only at level of IEC and sensitization on MHOs after PHR*plus* training
	Conducted preliminary assessment of Fissel. Proposed recommendations for further strengthening the MHO	A PHR*plus*/GRAIM team to meet the MHO leaders to discuss plan for reviving the decentralized units at village level, to reactivate the MHO by empowering the base, then holding new elections to renew the management board. Village delegates will have more responsibilities at end of the exercise.	More in-depth assessment required of the MHO's situation; then PHR*plus* will send up to 2 experts from GRAIM to go and give daily targeted assistance to the MHO leaders to carry out the agreed work plan over a defined and short period of time. PHR*plus* to facilitate meeting with local and district health authorities to resolve recurring problem of drug stock-outs.
	Build capacity in MHO networks to enhance sustainability and develop local TA experts Programmed TA to the GRAIM; includes review of GRAIM's training methods and enhancement of the content and methodologies of their MHO training programs Five people at GRAIM trained in MIS tool developed by PHR; tool installed on 4 PCs of PHR*plus* partners in Thiès	TA to GRAIM to undertake regional MHO feasibility study, and re-insurance feasibility study will enhance viability of existing MHOs, sustainability of new ones and technical capacities of GRAIM	Continued TA to GRAIM
	Disseminate tools, training to targeted communities Workshop held with Regional Development Association and other	Workshop resulted in more focused demand for TA and a new work plan to	Design of pilot projects to be undertaken together with regional feasibility study in Louga

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	partners to present previous findings on MHOs and to share different MHO experiences in Senegal	address the needs.	
	Conducted training for local delegates of AND Fagaru women's MHO at zonal level	Training sessions for zonal delegates in 14 zones of Thies for And Fagaru members. Effectiveness in recruiting more members led to demand for PHR*plus* support to undertake more community sensitization. GRAIM training materials used.	

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
The process of selecting the appropriate MHO model for each community and for choosing the MHOs to be trained has been challenging. The most important criterion for selecting an MHO as the target of TA is the commitment of its leaders and/or initiators. In general, demands for TA that arrive at our office through a written up project proposal by an individual or even a group of individuals have not proven to be the best way to choose a partner for TA. Partnerships that are initiated through existing connections and partners such as the GRAIM and PHR*plus* supported MHOs have proven more fruitful and reliable. Relying on these connections and networks to make the initial evaluation is also helpful and cost-effective.

Competition and personality conflicts between and within MHO partners have been some of the tougher challenges to deal with. In all these situations, we have found it helpful to emphasize to all parties the neutrality of PHR*plus* as a USAID-funded project and its principled commitment to our existing partners. This very stance has also enabled PHR*plus* to facilitate cooperation and collaboration.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
250,000 – Sept 01	205,453	54,041	195,959	3.6

5.1.10 Tanzania

Overview: USAID is providing technical assistance through the Partners for Health Reform*plus* (PHR*plus*) Project to improve the capacity of Tanzanian health officials to collect, analyze, interpret and use information with respect to the detection, control and prevention of infectious diseases. The objective is to strengthen local infectious disease surveillance and response capacity with the aim to reduce the disease burden in the country and protect the population against infectious diseases at all levels of the public health system. Mission funding, which is directed to a local contract, is complemented by core funding to ensure success of these activities.

Mission Objective 1: Increased use of family planning, MCH and HIV preventive measures
IR 2.1: Provision of information and services increased
IR 2.2: Practitioners' skills and knowledge increased
IR 2.3: Program management improved

PHR*plus* Intermediate Result 5: Health information is available and appropriately used
IR5.1: Policies for effective application of information management and processes enacted
IR5.2: Capacity to design, develop, and maintain information systems enhanced
IR5.3: Community knowledge of health care practices and options increased
PHR*plus* Intermediate Result 1: Appropriate health sector reforms are effectively implemented
PHR*plus* Intermediate Result 2: Health workers deliver quality responsive services

Progress Made against Planned Results and Milestones

Anticipated Results	**Planned Milestones and Progress**	**Significance**	**Recommended follow-up**
District-level integrated disease surveillance system capacity improved Disease surveillance information is appropriately used to guide decision making and response to priority diseases	*Design of infectious disease surveillance assistance at the district level in process* Several trips to Tanzania have occurred to plan, coordinate, and negotiate with stakeholders, including the National Institute of Medical Research (NIMR), the Ministry of Health (MoH), and the IDS Task Force. Active participation of the MoH and the IDS Task Force have been important to moving ahead with this activity. *Local subcontract approved* NIMR was identified by the MoH as the sole in-country organization capable of implementing assistance in disease surveillance. NIMR has responded to a sole source RFP issued by PHR*plus*. It has developed a technical approach and budget. Several rounds of negotiations have taken place to secure a subcontract with NIMR. *CAP developed and stakeholders consulted* An overall strategic plan was developed in a CAP and submitted to USAID Washington and the	Working through a subcontract with NIMR, a parastatal organization linked closely with the Ministry of Health, increases transparency and local financial and personnel support. The technical approach was agreed upon by the IDS Task Force, a national advisory group set up by the MoH.	Stakeholder involvement with all players is crucial to ensure success. The subcontract w/NIMR will be finalized. A startup activity will follow. The next steps involve recruitment of the 2 full time local staff, selection of districts, coordination of workplans, and discussion/advocacy of the behavioral component Agreement from and collaboration with the IDS Task Force with respect to plans, implementation techniques, and materials development, is necessary for project success and local ownership.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	Mission in Tanzania. In a 2-day meeting in July, collaboration between PHR*plus*, the CHANGE Project, and CDC was initiated to introduce the behavioral component of producing a "culture" of information and identifying behavior-related aspects of health information systems. Regular conference calls and meetings have continued the collaboration.	Attention to the behavior aspects of surveillance will lead to greater local ownership.	Continue meetings/consultations with CHANGE and CDC. Intensive advocacy of the behavioral component at the MOH level may be necessary.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Although the MoH requested PHR*plus* to negotiate with NIMR to develop a subcontract, the MoH has expressed its desire to have the IDS Task Force involved with developing the technical agenda for the NIMR subcontract proposal after the first rounds of negotiation took place. Dave Mercer traveled to Tanzania to meet with the IDS task force to gain consensus regarding the technical approach for implementing the integrated disease surveillance system. After the week long meeting, the technical approach was modified and approved by the IDS Task Force, although it was recognized that the budget was too high. Since then, several more rounds of negotiations have taken place to achieve a budget that is within range. Because it is important to involve the MoH and the IDS Task Force at each step of the way, it is possible that the MoH may require the final budget to be approved by the IDS Task Force.

This is a three-year activity and is expected to be labor intensive, involving much advocacy and stakeholder participation. The experience has been very process-oriented and the MoH and the IDS Task Force have sought to approve each step. Consensus of the importance of the behavioral component has not been reached with the MoH and the IDS Task Force. Advocacy and understanding of the behavioral component will be important in the implementation and will be a focus of activities in the near future. Direct SO 5 core funding also support this activity. See Technical Leadership SO 5.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
350,000 – Sept 00				
300,000 – Jul 01				
650,000	650,000	26,643	623,357	0.4

5.1.11 WCA RAP

Overview: The overall purpose of the WCA RAP is two-fold: to improve the population's access to and demand for priority health services, and to improve the region's capacity to design, develop and manage effective and sustainable interventions for health care financing.

The Partners for Health Reform Plus project (PHR*plus*) has received funding from USAID/AFR/SD and the Family Health and AIDS project (FHA) to continue to support the growing MHO movement in WCA. This RAP, therefore, reinforces and capitalizes on USAID's investment in mutual health organizations (MHOs) in the region. The ideas and models proposed are built on PHR's extensive experience in Senegal, Ghana, Mali, Côte d'Ivoire, and in other parts of Africa with mutual health organizations and community financing. PHR*plus* has also committed core resources to working with MHOs that complement field investments and permit PHR*plus* evaluate, document, and disseminate important findings to inform the rapid growth of the MHO movement. The WCA RAP has the following primary objectives:

1. to consolidate the lessons learned under the PHR project by reinforcing positive experiences and expanding their reach, as well as by further disseminating the tools and training to more MHOs

2. to test leading models of technical assistance to MHOs to evaluate the effectiveness and impact of these models in different communities and settings

3. to increase access to and demand for quality priority health services in WCA

4. to improve the region's capacity to design and develop effective and sustainable interventions for health financing

5. to test a model of assessment-feedback-intervention involving community participation in intervention design

USAID/AFR/SD Objective 7: The adoption of policies and strategies for increased sustainability, quality, efficiency, and equity of health services.
IR 7.1: Promote improved policies and strategies for innovative health financing and organizational reform.
IR 7.2: Promote improved policies, strategies, and approaches for child survival and maternal health.
IR 7.3: Improve enabling environment to design, manage, and evaluate health programs.

PHR*plus* Intermediate Results:
IR 1: Appropriate health sector reforms are effectively implemented.
IR 2: Health workers deliver quality responsive services.
IR 3: Commodities are available and appropriately used.
IR 4: Health financing is increased and more effectively used.
IR 5: Health information is available and appropriately used.

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
PHR*plus* Partner MHOs are better designed, increase their memberships, and are more	*PHRplus disseminates MHO products developed under PHR in countries where it is working*		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
sustainable	Held workshops in Ghana (Ho, Ashanti, and Greater Accra regions) and Senegal to disseminate MHO videos, regional synthesis, and/or training of trainers manual.	In Ghana, over 350 participants attended representing the Ministry of Health, District Assemblies, Traditional Councils, MHOs, and Trade Unions.	
	PHRplus identifies groups wishing to initiate MHOs and selects new partners Two MHOs in Ghana (Ashanti and Eastern Regions) dedicated to offering MCH services identified for TA in Ghana Evaluation of MHO sensitization activities carried out in the two Equity Initiative pilot sites in Mali	In addition to distributing 3,000 educational leaflets on MHOs in each site, the following results were obtained. In Sikasso (urban site), 38 sessions were held within existing organizations to educate people about MHOs involving 1,691 people. In Bla (rural site), 108 sessions were held involving 3,506 people. Of those targeted, more than 55% stated an interest in becoming an MHO member.	PHR*plus* will assess needs, discuss modalities of technical assistance with these MHOs and develop a work plan for TA Evaluation used to select groups to constitute first MHOs to receive PHR*plus* support in pilot sites in Mali
	Four groups identified to initiate MHOs in Mali (2 per pilot site) this year *PHRplus holds training on MHO launch with above groups* New Mali MHO groups trained on conducting feasibility study, supplemental data collection tool for feasibility studies elaborated incorporating data already gathered during baseline in Mali	Four groups selected constitute an initial membership base of approximately 1,229 individuals (total across 4 MHOs) plus their families	PHR*plus* now assisting these 4 groups to carry out feasibility studies; step 1 in launching MHOs

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
PHR*plus* Partner MHOs increase their coverage of USAID priority services (MCH, PHC) in their benefits packages	*PHRplus trains existing MHOs (with which PHRplus works) on benefits of including priority services in their benefits packages* MCH services now being offered by at least three of the PHR*plus* partners in Thies region of Senegal	More than 5,000 MHO members in Thies region now have access to priority services through their benefits packages.	PHR*plus* to continue training other partners on priority service inclusion, using Thies MHOs as examples.
Quality improvements in health service delivery are leveraged in districts where PHR*plus* target MHOs operate	*PHRplus completes draft manuals for MHOs and for providers to promote the incorporation of quality principles* Concept paper for quality modules and work plan developed. *Evaluate impact of pilot of self-assessment tool among public and private providers in Mali* PHR*plus* carried out evaluation provider survey in Sikasso to measure impact of self-assessment tool on quality	Evaluation of performance and structural quality measures for 37 providers in Sikasso	Questionnaire developed to gather baseline information from MHOs on current understanding and inclusion of quality concepts. To be implemented in Ghana and Senegal to form starting point for quality manual for MHOs. Data analysis to be completed, report written, and results disseminated
Improved long-term sustainability of MHOs through greater pooling, negotiation, and economies of scale to leverage MHOs' contributions to key health sector goals, as well as through development of MHO coordination networks	*PHRplus develops work plans with new or existing MHO coordination networks, such as the GRAIM in Senegal* Work plan discussed with GRAIM in Thies including PHR*plus* support for regional level feasibility study and re-insurance project of the GRAIM.	Such a general MHO feasibility study at the regional could be updated regularly and be available for adaptation by all Communities wishing to set up an MHO.	Specific terms of reference for collaboration with GRAIM to be finalized. Begin regional level feasibility study for re-insurance in Thies.
Policy makers better equipped to make and adopt policies to support the emerging MHO movement	*PHRplus produces report on health financing in Ghana* Inventory of MHOs in Ghana carried out	47 MHOs profiled in Ghana (by region, year started, stage of development, general features, # members, dues, and socioeconomic characteristics)	

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	National survey of health care financing systems in Ghana conducted; final report submitted; draft disseminated in Ghana. *PHRplus develops indicators with MOH in one country* Held discussions with CAMICS, the government agency responsible for coordinating support to MHOs in Senegal, on involving them in the current phase of PHR*plus* TA, especially in monitoring and evaluation. *PHRplus provides technical assistance to USAID/Bamako to reformulate their strategic objectives to take into account community financing and quality improvement* Written and oral input provided to USAID/Bamako's country strategy paper based on findings from PHR experience	Report covered government and public sector initiatives, private sector initiatives and community-based initiatives. Circulated widely in-country among MOH and donors to inform development of national health care financing policy. Marty Makinen facilitated a one-day seminar workshop in Bamako to gather and synthesize input into the health portion of USAID/Bamako's coming 10-year strategy (2003-2012). Some 28 stakeholders representing the Government of the Republic of Mali (GRM), private voluntary organizations (PVOs), non-governmental organizations (NGOs), USAID-financed projects, USAID's Youth Team, and the private for-profit sector participated.	Report to be formatted and produced by PHR*plus*/Bethesda for wider dissemination. Having submitted this input in report-form, the PHR*plus* team awaits further requests for information from USAID/Bamako.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
The demand for technical assistance for the burgeoning number of MHOs in WCA is daunting. In addition to providing TA to a number of schemes, PHR*plus* is continuing to invest in building the capacity to provide such TA locally. The GRAIM in Senegal has provided an example of how well such an approach can work. PHR*plus* continues to support both the GRAIM, as well as other like organizations under development elsewhere in Senegal and the region. Adequate TA is critical, since the depth, scope, and sustainability of MHOs depends on schemes that are well designed and well managed.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
100,000 – Jul 01				
550,000 – Sept 01				

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
650,000	351,200	267,884	82,116	9.1

5.1.12 Zambia

Overview: The PHR*plus* activities in Zambia are primarily a continuation of work begun under the PHR project to support the work of the ZIHP project and USAID's overall objectives. Activities include developing a strategy for more widespread dissemination and training of the cost sharing guidelines with a focus on the District, health center and community levels continuing to provide support to district prepayment schemems, and conducting a literature review of best practices for implementing a need-based exemption policy.

Mission Objective 3: Increase Child and Reproductive Health and HIV/AIDS Interventions
IR 3.1 Increased demand for PHN intervention among target groups; IR 3.2 Increased delivery of PHN interventions at the community level; IR 3.5 Improved policies, planning and support for the delivery of PHN interventions.

PHR*plus* Intermediate Results:

IR 1 Appropriate health sector reforms are effectively implemented.
IR 4 Health financing is increased and more effectively used.
IR 5 Health information is available & appropriately used.

PHR*plus* Sub IRs:

IR 1.1 Design, adoption, management of reforms that affect PHN priority services improved.
IR 1.2 Policy make, providers, communities, clients empowered to participate in health reform.
IR 4.1 Rational financing policies enacted.
IR 4.2 Alternative financing schemes to improved affordability of services implemented.
IR 4.3 Economic analysis, resource allocation, budgeting, financial management practices improved.
IR 4.5 Mechanisms for stakeholder input to health financing decision expanded.
IR 5.3 Community knowledge of health care practices, quality, options increased

Progress Made against Planned Results and Milestones (Activities in Zambia funded through an advance. Activities below were not part of the FY'01 Implementation Plan.)

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Support dissemination and cost sharing guidelines.	*Develop a strategy for more widespread dissemination and training of the cost sharing guidelines, focusing on the District, health center and community levels.*	Improved implementation of cost sharing guidelines.	Terrell to visit Zambia and develop plan in 2nd quarter '02.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	Developed a draft dissemination strategy.		
Improved district prepayment schemes.	*Continue to provide support to district prepayment schemes*. Held two sensitization meetings, one with health center staff and one for the neighborhood health committees. PHR*plus* continued to provide support to the Katete Prepurchase Discount Card in terms of quarterly visits and assessment of progress.	Katete district implementing discount card.	Local consultant to continue work with Katete and Livingston districts.
Conduct preliminary research to support exemption policy	*Conduct a literature review of best practices for implementing a need-based exemption policy.* Began compiling findings from the literature review.	Sets foundation for improving exemption policy.	Complete literature review.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Commencement of work was delayed due to funding questions.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
50,000 – Jul 01				
50,000 – Sept 01				
100,000	100,000	25,382	74,672	1.6

5.2 Asia/Near East Region

5.2.1 ANE Bureau

Overview: The ANE Regional Bureau and PHR*plus* are working in several different areas that contribute to USAID's technical leadership in the region in the areas of health system planning and policy reform. All the activities call for close collaboration with country counterparts and broad regional dissemination. Specifically, the primary activities for ANE Bureau are to:

1. Analyze the impact of aging populations on health systems with a special emphasis on priority services financing in selected countries, in close collaboration with counterparts in 2 case countries.

2. Assist the Middle East North Africa (MENA) NHA network with using NHA for health policy and institutionalization in order to encourage sustainability and phase out ANE Bureau support.

3. Develop and pilot in an Asian country, a new approach that integrates disease surveillance information with health expenditure data to promote the use and value of disease surveillance information.

4. Deliver presentations at the ANE/E&E SOTA on issues of health systems and policy reform.

PHR*plus* IR: IR4 Health financing is increased and more effectively used
IR5 Health information is available and appropriately used

PHR*plus* Sub IRs:
IR 1.4 Global consensus on appropriate guiding principles of health reform achieved.
IR 4.3 Economic analysis, resource allocation, budgeting and financial management practices improved
IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded
IR 5.1 Policies for effective applications of information management and processes enacted.

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Raise awareness among policymakers of the importance of aging populations on sustainable financing of health systems. Strengthen institutionalization and policy use of NHA among countries in MENA NHA network.	Aging: Mission approval in 2 case countries – Jordan approved, awaiting response from Philippines. Establish team of collaborators – Contact with several Jordanian researchers, negotiating subcontract with East West Center. MENA NHA: Bureau approved PHR*plus* activity ($100k) to conclude USAID support of the MENA NHA network with a final regional workshop. Made contact with collaborators at WHO-EMRO, WB, and country representatives to organize small planning meetings with country NHA representatives to plan the workshop agenda that will focus on policy application and institutionalization.	All activities are in the initial stages.	Finalize subcontract with EWC Secure Mission approval in the Philippines. Initiate data collection in 2 case countries. Meetings with country NHA representatives to plan NHA workshop. Finalize proposal for activity and begin with an assessment and design trip to the

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	HIS/ID/NHA: conceptualize and plan an innovative activity to be implemented in an Asian country as a regional model – on-going process with ANE Bureau and Murray Trostle SOTA: contribute to the planning and delivery of 1 or more presentations – session plan submitted; SOTA postponed Other: Presentation to visiting journalists from Algeria, Morocco, and Tunisia on the success of the MENA NHA network and use of NHA findings in Morocco.		selected country.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
It has been a challenge to engage the interest of a USAID Mission in the aging activity as it is a more long-range issue that may not appear to contribute directly to their strategic objectives. The Bureau has taken the lead to advocate for the importance of preparing health systems for the impact of aging populations. The MENA NHA network has relied on donor leadership in the past – specifically WHO-EMRO, WB, and USAID/PHR. PHR*plus*' approach to this final phase of assistance must orchestrate leadership and ownership on the part of NHA country teams to sustain and apply NHA in their countries – with or without the MENA NHA network. Development of an activity proposal that integrates ID and financial data has taken longer than anticipated. It is very innovative and there are no well-known models in the developed world, let alone the developing world. The process has brought together several of the Project's ID and NHA experts who are working as a team with the client (Trostle and Clements) to come up with a feasible activity that has value for the selected country and serves as a regional model.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
375,000 – Sept 00				
525,000 – Sept 01				
900,000	365,585	32,345	867,655	1.5

5.2.2 Egypt

Overview*:* Since June 2000, the PHN team of USAID/Egypt has been carrying out a transition planning process as the Mission prepares to phase out USAID assistance to the health sector of Egypt by 2009. The PHN team agreed on a single, all-encompassing strategic objective (SO 20) "Healthier, Planned Families" for 2002 –2009, and throughout FY'01 has conducted a series of assessments of PHN program components. The Mission is designing a conceptual framework for continued provision of technical assistance in the area of health policy, including a policy lever program that ties government cash transfers to policy change areas. PHR*plus* has supported this process in numerous ways:

- In March 2001, as part of the transition from the PHR project to the PHR*plus* project, a PHR team conducted an end-of-project workshop in Cairo with the MOH, Mission, TSO, TST, governorate representatives as well as the World Bank and EU. Based on the input from the workshop, the PHR team delivered an outline of the proposed strategy for a new PHR*plus* program of technical assistance to support Egypt's health sector reform and the Mission's phase out plan. The team also delivered a draft policy framework for the Mission's new Health Policy and Information program.

- PHR*plus* provided an extensive briefing and background materials to two Mission assessment teams - health policy and HMIS

- At the request of the Mission, PHR*plus* prepared scopes of work and budgets for technical assistance to the MOH for achievement of the Tranche IV benchmarks due in December 2001. Preparatory steps for delivery of this TA continued until June when the Mission advised PHR*plus* that the MOH would not require any assistance with the Tranche IV benchmarks.

- In June, within two weeks of the Mission's request, PHR*plus* provided a health economist, Dr. Hotchkiss, to assist the Mission's health sector team with an economical analysis of all activities proposed under SO 20.

- Dr. Mary Paterson, former COP of PHR/Egypt, provided comments on several iterations of the conceptual framework for the cash transfer program for health policy.

- Dr. Hotchkiss was to return to Egypt on September 28 to help the PHN team prepare M&E plan for the SO 20 strategy, but USAID/G and the Mission agreed to postpone this trip.

Mission Strategic Objective 20: Healthier Planned Families

PHR*plus* IR: TBD

PHR*plus* Sub IRs: TBD

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
TBD	TBD	TBD	Design team visit Egypt to plan the PHR*plus* program.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Initiation of a PHR*plus* country program has been delayed by six months due to the Mission PHN team needing additional time and assistance to finalize their strategic planning process. PHR*plus* has tried to support and facilitate this process as much as possible as described above and with more than $100,000 in advanced funding.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
0	100,947		-100,947	1.7

5.2.3 Jordan

Overview: In Jordan, PHR*plus* is delivering a major, multi-year country program to implement real and positive changes in Jordan's health sector, at both the policy and operational level. PHR*plus*, the Mission, and the MOH have agreed on three technical assistance components:

1. Increase health system efficiency and effectiveness by improving public sector contracting. This will entail expanding MOH capacity to contract private providers to deliver bundled health services so that contracts are monitored, reward quality and efficiency, and promote continuity of care. The focus will initially be on bundling MCH services, which are currently fragmented. Over the longer term (2 to 3 years) Jordan will leverage the contracting capacity and experience to address the country's problem of how to expand access and coverage for the uninsured.

2. Build on previous work by PHR in hospital autonomy. PHR*plus* would improve the efficiency and quality of MOH hospitals by enabling hospitals to:
- track and control costs
- compete with private providers for MOH contracts
- better identify and charge non-poor users and retain fees collected, and
- monitor performance against quality and efficiency indicators.

3. Build on the work of PHR in health system monitoring with national health accounts. PHR*plus* would work to institutionalize NHA through the establishment of a NHA unit and a high-level steering committee, expansion of the original NHA team, and standardization of data retrieval and presentation tasks.

PHR*plus* IR:
IR1 Appropriate health sector reforms are effectively implemented
IR4 Health financing is increased and more effectively used
IR5 Health information is available and appropriately used
IR2 Health workers deliver quality responsive services

PHR*plus* Sub IRs:

IR1.1 Design, adoption, and management of reforms that affect PHN priority interventions
IR1.2 Policymakers, providers, communities and clients empowered to participate in health reform
IR1.3 Monitoring of the effects of health reform is carried out and used by stakeholders in the reform process
IR4.2 Alternative financing schemes to improve affordability of services implemented
IR4.3 Economic analysis, resource allocation, budgeting and financial management practices improved
IR5.2 Capacity to design, develop and maintain information systems enhanced
IR2.1 Effective strategies for regulation of public and private health services implemented
IR2.3 Measurement of compliance with clinical guidelines increased
IR2.4 Accountable programs and incentives to improve quality and efficiency institutionalized
IR2.5 Consumer participation in design, delivery, and evaluation of health services increased

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Increase health system and effectiveness by improving public sector contracting. Improve the continuity and quality of reproductive health care through contracting of bundled services. Improve equity and access for the uninsured. Improve efficiency and quality of MOH hospitals through sustained improvement in managerial expertise and practices. Increase health system efficiency by enabling MOH hospitals to track total costs and control marginal costs. Improve health system equity and hospital finances by enabling	*Health Insurance Demonstration*: Nominate Advisory Board – done Assign CIP personnel to implementation unit – done Procure computers – begun Define services to be contracted – begun Select markets for piloting competitive contracting scheme – begun Baseline survey of market prices for services to be contracted – begun Obtain baseline data on consumers' views of quality of services to be contracted – begun *Hospital Autonomy*: Nationwide meeting with all MOH hospital directors and Directors General (governorate and central MOH) re expansion of hospital decentralization – done Establishment of a Forum as a mechanism to expand hospital decentralization – done Analysis of costing study being conducted at 2 pilot hospitals – begun Initiate collaboration with WB on training – begun	Ministry counterparts learning M&E by taking the lead with collection and analysis of baseline data. Increased stakeholder influence as the Civil Insurance Program (for the first time) collects and uses consumer satisfaction data to design a contracting system that is more responsive to their needs. MOH hospital directors were extremely enthusiastic about this first meeting and the establishment of a mechanism that gives them a voice and means to share lessons learned.	Define services to be contracted. Final selection of markets for pilot Complete baseline data collection Determine role and assistance of local private TPA Hold next Forum meeting in early November. Document costing study methodology and findings.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
MOH hospitals to better identify and charge non-poor users and retain fees collected. National Health Accounts is integrated into the organizational structure of the MOH. Integration of NHA data into the MOH planning process. Improve the capacity of the MOH NHA team to independently mange the NHA process.	*National Health Accounts*: NHA Steering Committee constituted and approved – done Options for institutional home of the NHA Unit identified – done Expanded NHA team constituted – done 3 year workplan for NHA team drafted – done Secure continuous flow of data from different elements of the health sector – begun	The NHA Steering Committee includes high level policymakers to facilitate the policy application of NHA data.	Continue data collection for 2nd round of NHA. Ministry approval of Steering Committee and first meeting in early November. Institutionalization of NHA unit inside MOH Information Center.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
A key theme in all the activities is maximizing leadership and ownership by Jordanian individuals and institutions of the reforms and policy advancements sought for in each component of the PHR*plus* program. Counterparts have defined meeting objectives and agendas (e.g. the Hospital Forum and NHA team meeting) and counterparts are executing technical work (e.g., CIP implementation unit doing preparatory work for contracting and the NHA team is leading data collection). The Project looks forward to counterparts taking the lead in formulating health sector policies, for example in health insurance as a result of their experience with contracting.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
370,000 – Jun 01				
1,500,000 – Sept 01				
1,870,000	1,836,722	402,184	1,467,816	31.0

5.3 E&E Region

5.3.1 Albania

Overview: In Albania PHR*plus* is developing a multi-year health systems strengthening project that compliments previous programs in family planning, infrastructure improvement, and training. The Albanian government has recently defined a strategic plan for the health sector "Health System Strategy 2000-2010 for Albania" that identifies an integrated approach to personal health services. The USAID Mission in Albania has also recently re-defined the health sector strategic objectives and results to reflect a sharp focus on the development of efficient

primary health care services in the community context. The PHR*plus* three-year program focuses on the development of primary care provider/practice capacity and the development of primary care support systems in health information, local government planning and budgeting and Ministry of Health regulatory systems that support quality primary health care services.

The initial design and assessment visit was made to Albania June 5 - 19, 2001. PHR*plus* activities during the remainder of the FY01 period were focused on office set-up, staff recruitment, and project planning.

PHR*plus* IR

IR 1 Appropriate health reforms are effectively implemented
IR 2 Health workers deliver quality responsible services.
IR 4 Health financing is increased and more effectively used.
IR 5 Health information is available and appropriately used.

PHR*plus* Sub-IR

IR 1.1 The design, adoption and management of reforms that affect PHM priority interventions improved.
IR 1.2 Policy-makers, providers, communities and clients empowered to participate in health reform.
IR 2.1 Effective strategies for regulation of public and private health services implemented.
IR 2.2 Measurement of compliance with clinical guidelines increased.
IR 2.3 Accountable programs and incentives to improve quality and efficiency institutionalized.
IR 3.3 Economic analysis, resource allocation, budgeting and financial management practices improves.
IR 3.5 Mechanisms for stakeholder input to health financing decisions expanded.
IR 5.2 Capacity to design, develop, and maintain information systems enhanced.

Progress Made against Planned Results and Milestones (Activities began through an advance from core funds.)

Anticipated Results	**Planned Milestones and Progress**	**Significance**	**Recommended Follow-up**
Strategic plan for primary health care system strengthening discussed with key stakeholders and finalized. Implementation activities initiated.	*Complete Country Assistance Plan* The country assistance plan was completed and submitted to the COTR August 31, 2001. The plan was based on a strategy that was approved by the USAID Albania Mission and discussed with key stakeholders during the design team visit. Potential pilot sites were identified and reviewed with the Mission. A preliminary selection was made	The Albania project is in an early stage of development. There are no significant results to report as yet.	Establish site offices in early 2002. Post COP and Implementation Advisor in January. Complete hiring of key local staff in January (candidates already interviewed and references are being checked). Brief interim PHN officer for Albania, Doug Palmer, in the US and in Albania.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended Follow-up
	pending discussion with the newly appointed Minister of Health to be arranged in early October. A trip was made in July to set-up the site office, hire local consultants to assist with office set-up activities, and identify qualified local project staff. As a result a project office has been leased, and initial screening of 10 qualified candidates for the technical officer position and 18 candidates for finance and administrative officer. Final selection will be completed when a Chief-of-Party is selected. Recruitment for the Chief-of-Party and Implementation Advisor was completed. Eight candidates were reviewed for COP, the top candidate will be presented to the Albania Mission in early October. Six candidates were reviewed for the implementation advisor position. Pending interview by the COP an offer will be made to the top candidate. Coordination meetings were held in Washington D.C. with DHHS, RPM, World Bank, and AIHA to review PHR*plus* Albania strategy and opportunities to work together. AIHA and PHR*plus* will collaborate on a presentation at the Global Health Council Meeting which will include Albania primary care strategy.		

Important issues, problems, and most effective approaches to achieving further improvement in health system performance:
The PHN office of USAID/Albania is relatively small which is partly why the Mission was interested in working with a centrally-funded project like PHR*plus* to lead the implementation of the health sector strategy. The Mission will rely on a strong local team and effective support from the PHR*plus* HQ. A technical issue that the team will need to confront is how to implement effective regulatory support for quality health care in a country where unofficial systems and payments seem to be widespread. PHR*plus* will need to assist the Ministry of Health to work with new local and regional government budgets, which will require close coordination with CAs, like Urban Institute, that provide support to government decentralization activities.

Inputs expended during FY 01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
2,375,000 – Sept 01	288,311	206,562	2,168,438	7.4

5.3.2 Georgia

Overview: The USAID/Caucasus Mission is committed to providing assistance to the Government of Georgia in improvement two major components of the Georgian HIS: the immunization health information system, strengthening surveillance of vaccine preventable diseases and supporting these systems through strengthening management capacity of health departments in the country. The U.S. Government has requested USAID-funded Partners for Health Reform plus (PHR*plus*) Project technical assistance in the design and implementation of the program. The objectives of the assistance are to 1) strengthen local capacity and improve the information system for effective disease control and prevention, 2) protect the population against infectious diseases at all levels of the public health system, and 3) reduce disease burden.

Mission Objective 3.1: Reduce human suffering in targeted communities
IR 3.1.3 Improved primary health care services; IR3.1.3.1 Sustainable improvement in the health of women and children;
IR3.1.3.2 Strengthened infectious disease control and prevention

PHR*plus* IR 5: Health information is available and appropriately used
IR5.1: Policies for effective application of information management and processes enacted
IR5.2: Capacity to design, develop, and maintain information systems enhanced
IR5.3: Community knowledge of health care practices and options increased
PHR*plus* IR 1: Appropriate health sector reforms are effectively implemented
PHR*plus* IR 2: Health workers deliver quality responsive services

Progress Made against Planned Results and Milestones (Activities implemented through an advance from core funds.)

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Improved immunization management information system	Perform initial assessment of the country and the current immunization MIS, develop PHR*plus*	The assessment and planning phase of this activity began less than 4	Refine CAP upon getting comments from the mission and other stakeholders in

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	strategy, assist the Mission in developing the scope of work for this activity – done in June	months ago (mid-June).	Georgia
Strengthened disease surveillance of priority vaccine preventable diseases	Agree on the priority areas for technical assistance with the MoH and other stakeholders – done in June-July	Implementation will be initiated at the beginning of FY'02 and local impacts will be reported.	Responses to RFP are expected in November. They will be reviewed by a selection committee to select most capable local firm/NGO
Immunization and disease surveillance information is systematically analyzed, disseminated to stakeholders and used in the decision making process	Develop a country assistance plan, program strategy and implementation plan. Review and revisions with technical staff – done in August-September		Begin design of the immunization management information system at the oblast level
	Subcontract a local implementing organization – RFP prepared and being issued		
	Choose pilot region – done		

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
The PHR*plus* strategy calls for subcontracting a local entity through which technical assistance would be delivered. This approach would allow TA to be coordinated by an independent entity that could work successfully with multiple government levels and agencies that are involved in infectious disease and surveillance. Also it would build local capacity. The RFP for this subcontract necessitated careful review and several revisions due to the size and complexity. It will be advertised through a local newspaper and follow a competitive process.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
750,00 – Sept 01	120,000	7,986	742,014	0.1

5.4 Latin America and the Caribbean

5.4.1 LAC Bureau

Overview: The Latin America and Caribbean Regional Health Sector Reform (LACHSR) Initiative supports national reform processes to promote more effective basic health services. The Initiative uses a participatory approach, working in partnership with key decision-makers in the region to build capacity to assess health sector problems and to design, implement, and monitor reforms.

The Initiative is backed by substantial funds from USAID's Latin America and Caribbean Bureau (LAC) and the Pan-American Health Organization (PAHO) and is implemented by PAHO and two USAID-funded programs, Partners for Health Reform Plus Project (PHR*plus)* and Management and Leadership Development Project (M&L). The Initiative's overarching goal is to **strengthen in-country capability to assess health sector problems, and to design, implement, and monitor reforms and solutions** . This goal directly supports the **LAC's SO3:** more effective delivery of sustainable country health sector reform (designed to increase equitable access to high quality, efficiently delivered basic health services). To achieve the Initiative's goal, the Initiative activities are grouped into four strategic areas:

- **Developing methodologies and tools** to aid in the analysis, design, implementation, and monitoring of national health sector reforms in order to enhance public sector-NGO interaction, strengthen health finance decisions, and improve policy analysis and planning.

- **Gathering and disseminating information** on national health reform efforts, including an electronic resource center, a series of topical bulletins, a clearinghouse on health reform, an electronic network to link people and ideas across the region, and a Web page for the Initiative.

- **Monitoring reform processes and outcomes** by developing and implementing tools and providing feedback to countries, donors and other partners.

- **Helping countries to share experiences and advice** through regional conferences and workshops, links among institutions, a regional forum for researchers, and study tours.

PHR*plus*' proposed FY02 work plan for the LACHSR Initiative will support the following PHR*plus* Intermediate Result and Sub-Results:

IR1: Appropriate health sector reforms are effectively implemented

Sub IR3: Policymakers, providers, communities and clients empowered to participate in health reform

Progress Made against Planned Results and Milestones (Activities implemented through an advance from core funds.)

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Policymakers more informed and skilled in the use of stakeholder analysis, advocacy and conflict negotiation.	PHR*plus* conducted a two-day module on skills required to manage the policy process at the Regional Flagship Course in Santiago, Chile in April, 2001. Policymakers from 10 LAC countries participated and reported positive evaluations on the course.	LACHSR activities do not involve country specific technical assistance and local impact.	
Policymakers more aware of the interface between research and health sector reform implementation.	In April, 2001 PHR*plus* contributed to a regional forum sponsored by PAHO in Montreal, Canada: "Health Sector Reform in the Americas: Improving the Research to Policy Interface."		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Work plan for FY02 developed and approved by USAID/LAC Bureau and the LACHSR Steering Committee	Work plan developed and submitted to USAID/LAC Bureau for approval and circulation to Steering Committee members.		Steering Committee meeting scheduled for September 17, 2001 to discuss and approve work plans was rescheduled for October 25, 2001.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Transition in LAC Bureau management and changing composition of implementing partners has slowed progress for the LACHSR Initiative under PHR*plus*. Although some new activities have been proposed for the coming year, most of the last six months have been spent working on the transition to the final phase of the LACHSR Initiative. This has involved discussion and acceptance of the Technical Advisory Group report, consideration and discussion of various directions and activities for the LACHSR initiative (distance learning, social insurance, HIV/AIDS, virtual campus, etc) and planning. PHR*plus* has continued to disseminate LACHSR products as requested by health sector reform team members and other key actors in the LAC Region and participate in regional forums as noted above.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
240,033 – Jul 01	170,033	120,075	119,958	6.0

5.4.2 El Salvador

Overview: USAID has made major investments in the Salvadoran health system over a long period of time and with substantial positive results. The 1994 and 1998 FESAL surveys showed important improvements in health indicators—the results from a time period when USAID was the predominant donor for health. El Salvador, however, remains an under achiever in terms of health outcomes per dollar of domestic spending.

Where El Salvador's performance is weakest is in the health of women and children in poor rural areas. To address this weakness will require a reorientation of the health system and an improvement in the delivery of basic health care services. USAID/El Salvador requested that PHR*plus* conduct an assessment trip to El Salvador in August 2001 to: 1) meet with USAID; 2) interview key national policy and decision makers in the public and private sector, and 3) develop a work plan for the first two years of PHR*plus*' technical assistance in health system strengthening.

Mission Objective 3: Sustainable Improvements in Health of Women and Children Achieved
Intermediate Result 3.2: Improved quality and access to reproductive health and child survival services by the rural poor
Intermediate Result 3.3: Enhanced policy environment to support sustainability of child survival and reproductive health programs

PHR*plus* Intermediate Results
The proposed PHR*plus* work plan that has been submitted to USAID/El Salvador will address the following PHR*plus* Intermediate Results:
IR 1: Appropriate health sector reforms are effectively implemented
Sub IR 1.1 Design, adoption and management of reforms that affect PHN priority interventions

Sub IR 1.2 Policymakers, providers, communities and clients empowered to participate in health reform
Sub IR 1.3 Monitoring of the effects of health reform is carried out and used by stakeholders in the reform process

IR2: Health workers delivery quality responsive services
Sub IR 2.1 Effective strategies for regulation of public and private health services implemented
Sub IR 2.4 Consumer participation in design, delivery and evaluation of health services increased

IR4: Health financing is increased and more effectively used
Sub IR 4.2 Economic analysis, resource allocation, budgeting, and financial management practices improved
Sub IR 4.5 Mechanisms for stakeholder input to health financing decisions expanded.

Progress Made against Planned Results and Milestones (Activities implemented through an advance from core funds.)

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
The Ministry of Health strengthened at the central level; The policy environment enhanced to support integrated sustainable health systems; Local capacity to delivery integrated, basic health services to vulnerable populations developed.	Technical direction for assessment trip developed and approved Technical assessment trip conducted in August 2001 Draft work plan for years 1 and 2 of PHR*plus* developed and submitted to USAID/ES for approval Revised work plan based on feed back from USAID/ES and Ministry of Health submitted	Development of PHR*plus* work plan has been a participatory process with key actors in both the public and private sector. To date it has provided an opportunity for USAID/El Salvador to stimulate increased discussion and collaboration among donors.	Incorporate second round of comments from USAID to finalize work plan; Develop budget in accordance with finalized plan; and Begin field work operations

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
In our conversations with USAID/El Salvador, we gained the distinct (but, perhaps politically awkward for the MOH) impression that SIBASI development and functioning was quite uneven throughout El Salvador with some geographic areas working on innovative solutions for primary care, and other areas in a state of confusion and lacking information. There has also been some reversal in the proposed process of decentralization. PHR*plus* will need to be particularly astute in the alliances we develop as we enter this complicated political terrain.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
285,000 – Jul 01	73,979	66,414	218,586	1.9

5.4.3 Guatemala

Overview: One of the main objectives of the Guatemalan health sector is to build a more equitable, efficient, and effective health system. Given this objective, it is increasingly important to Guatemalan policy makers to be able to effectively use NHA results in policy formulation.

In 1997, the Partnerships for Health Reform Project, the predecessor to PHR*plus*, began working in Guatemala to assist the Ministry of Health in developing the National Health Accounts (NHA). Since then, estimations for 1995, 1996, 1997, and 1998 have been completed and data collection for the 1999 estimation is currently underway. Additionally, in 1999-2000 PHR provided technical assistance to institutionalize NHA in the country.

PHR*plus* activities during this past year have built on the success of PHR to:

1. Improve evidence-based decision-making by policymakers and other key stakeholders
2. Build capacity of area level directors and key stakeholders to use data in local decision-making

The aim of the project is to improve the efficiency of the health system and, ultimately, the quality of services delivered to the population.

Mission Objective 3.: Better Health for Rural Women and Children
IR 3.2 Local organizations engage in the policy process
IR 3.3 Guatemalan leaders and decision-makers are better informed and capable of policy formation

PHR*plus* Intermediate Result 4: Health Financing is Increased and More Effectively Used
IR4.3: Economic analysis, resource allocation, budgeting and financial management practices improved.
IR4.5: Mechanisms for stakeholder input to health financing decisions expanded.

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Improve evidence-based policy decision-making by key stakeholders.	*Provide technical assistance to the Strategic Planning Unit in strengthening the use of data in the policy process and expanding its use by other stakeholders* An agreement was reached with the Director of the Strategic Planning Unit to expand the National Health Accounts (NHA) team to include representatives from the Ministry of Health and the Institute of Statistics (INE). Although, this	Including other MOH and INE representatives expands the use of health financing information in policy decision-making and planning. Additionally, the participation of the INE representative brings household data set expertise necessary to inform relevant policy questions.	Milestones not reached during FY01 will be completed within budget during FY02. PHR*plus* will also approach USAID/Guatemala to explore additional technical assistance that might be provided

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	agreement was reached, a representative from INE has not yet been assigned. Other stakeholders such as PAHO, MINUGUA, and UNDP have been working with the NHA team. MINUGUA will use data to track achievement of the Peace Accord targets on public health spending. UNDP's asked the NHA team to participate in workshops to review health expenditure data included in the Human Development Report for 2001 that focuses on health. Similarly, the NHA team used some of UNDP's data on private health spending. *Train counterparts in data analysis using NHA results as well as other data sources, and identify priority policy questions that can be informed by NHA results* Two priority policy areas to be informed by the 1999 NHA estimation were identified: 1-distribution of public health expenditures between curative and preventive care; and 2-equity in health spending. A methodology was developed to generate estimates for curative and preventive care. This methodology was accepted and agreed upon by all technical stakeholders present at the meeting. *Develop and disseminate a series of policy briefs based on identified priority policy questions using financial data, such as NHA, as well as socioeconomic and epidemiological data* An agreement was reached with PAHO to split the costs of printing the policy briefs with USAID.	Identifying priority policy questions improves evidence-based policy decision-making. Generating NHA results that classify expenditures into preventive and curative care functional categories will allow the Government of Guatemala to monitor progress toward achievement of targets set in the 1995 Peace Accords.	

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	Completion of this activity is dependent on a final NHA report (see below). *Conduct a seminar for an area director and representatives from select stakeholder institutions on using financial, epidemiological, structural or other data, as available, from sources including the DHS, household surveys and the NHA estimation.* A meeting was held to discuss the use of data for health planning at the Area level. In consultation with USAID/Guatemala, a decision was made to cancel this activity to focus efforts on completing the NHA estimation and finalize the NHA report. *Provide Technical Assistance to NHA team in the 1999 NHA estimation and in structuring the 2000 and 2001 NHA estimation to reflect changing policy priorities as well as international standards.* A copy of the draft NHA report was sent to PHR*plus* for review. Estimates of preventive and curative care expenditures deviated significantly from other countries within and outside the LAC region as well as from estimates for Guatemala from previous years. This information and accompanying concern was discussed with NHA team members and with USAID/Guatemala City. PHR*plus* staff member T. Dmytraczenko traveled to Guatemala from September 16-22, 2001 to work with NHA team on finalizing NHA estimating and on restructuring NHA report. The NHA matrices were finalized and step by step instructions on how to recreate the process were developed. A detailed outline for the final NHA report was also developed and left with NHA team to guide the report writing.		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	The first draft of the NHA report was received on September 28, 2001. PHR*plus* staff has started reviewing and providing feedback to NHA team.		

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
There were concerns surrounding the estimations for curative/preventive care expenditures. PHR*plus* staff member Dmytraczenko traveled to Guatemala to work with the NHA on reviewing and revising estimations. Estimations were reworked and more accurate estimations were developed.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
100,000 – Sept 00	100,000	50,683	49,317	2.3

5.4.4 Honduras

Overview: PHR*plus*/Honduras activities support the major changes in the health delivery system that are required to adequately and sustainably address critical health needs in Honduras. PHR*plus* works in close collaboration with other donors and technical assistance groups to assure that our policy and system strengthening activities complement and support the technical efforts already underway in Honduras to improve the delivery of priority health services. In addition to strengthening the MOH at the central level, PHR*plus* will put considerable emphasis on activities in Health Region #5 with four Health Areas, Health Region # 2 with 5 Health Areas, and Health Region #1 in Health Area No.3.

Mission Objective 3: Sustainable Improvements in Family Health
IR 3.1: Increased use of reproductive health including family planning services.
Sub IR 3.1.1: Improved delivery of rural RH services by MOH

IR 3.2: Sustained use of child survival services via health reform
Sub IR 3.2.1: Improved quality and efficiency of public sector PHC system.
Sub IR 3.2.2: Improved health policy to increase equitable access to PHC.
Sub IR 3.2.3: Increased public and private sector resources for PHC.

PHR*plus* Intermediate Results:
IR 1: Appropriate health sector reforms are effectively implemented
IR 2: Health workers deliver quality responsive services
IR 4: Health financing is increased and more effectively used
IR 5: Health information is available and appropriately used

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Country Assistance Plan (CAP) developed and approved.	*Conduct team assessment visit* A Team Assessment visit to Honduras was completed during January 5-12, 2001. A preliminary work plan that included both short and long term activities was shared with USAID prior to departure. *Develop Year One activity-specific work plan.* A Year One activity-specific work plan and accompanying budget were completed and submitted to USAID/Honduras on February 8, 2001. *Complete formal CAP for review/approval of USAID/Honduras* CAP completed for review/approval of USAID/Honduras in July 2001.	Visit allowed team to involve key stakeholders in development of Country Assistance Strategy and Year-1 Work Plan.	Specific activity work plan for Year 2 currently being developed.
Delivery of RH/CS/FP health services in targeted priority areas improved (Regions 2 & 5, Area 3 of Region 1).	*Review local health plans to ensure the inclusion of key RH/CS health activities.* A Primary Health Care advisor and 2 regional advisors were hired and began to work in July of 2001. Health plans for 10 Areas were reviewed and revised to ensure results in RH/CS. *Assess management capacity of Regional Directors in Regions 2 and 5.* A Management Assessment Tool for	Health plans respond to priority service needs. It is critical that PHR*plus* works closely with MOH personnel in the early stages of plan development Tool will identify areas that need	Provide technical assistance in the monitoring of health activities to ensure results. Test tool in Region 2 initially. Once

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	regional directors and their staff has been developed. Advisors for Regions 2 and 5 are currently reviewing the tool for use within their respective regions. *Develop performance improvement strategy for Regions 2 and 5.* Strategy is postponed until assessments are complete. New formats have been prepared to help regions supervise activities at the local level. *Facilitate and coordinate donor and cooperating agency (CA) activities at the local level.* Activities and resources from other donors mainly IDB/PRIESS, PAHO/ASDI, as well other CAs (BASICS, Engender and QAP) are well coordinated. *Document and disseminate Best Practices in delivering priority health services at the local level.* An instrument to help identify best practices has been developed and will be used to record at least one best practice for each region. MOH personnel are involved in this effort as well as other CAs. *Develop inventory of private sector providers and assess willingness to*	strengthening. Strong planning, budgeting, and monitoring skills are crucial in a decentralized system. The IDB/PRIESS project is working in the same regions and there is good coordination and collaboration with PHR*plus*. This will continue to require effort given the complexity of the PRIESS project and the continuing arrival of new actors. It is important to identify, document, and choose carefully the best practices that will be published and circulated. Criteria for selection will need to be developed.	it is revised, it will be used in Region 5. Develop and implement performance improvement strategy and activities. Continue to facilitate donor and CA collaboration and coordination.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	participate in innovative networks at local levels. President of Colegio Médico approached to gain access to national registry of private physicians. PHR*plus* would have to gain permission from Colegio Médico's Board of Directors in order to obtain such access, and this seems unlikely. Colegio Médico has expressed interest in exploring alternative means of paying private physicians on a non-salaried basis (such as the development of group practices) rather than revising the current statute that requires high salaries for generalists. *Select sites for piloting of improved service delivery models.* Preliminary work with regions to select sites and develop models has begun.	Currently all general physicians who are hired as employees are paid at least 12 minimum salaries. The president wants to maintain the high salary levels in urban centers but would make limited exceptions to provide greater physician employment and greater access to care.	PHR*plus* Regional Health advisors will do some informal mapping of health areas in Regions 2 and 5 to increase information on availability of private providers. Colegio Médico has agreed to continue dialogue.
Political support for health reform in the delivery and quality of priority health services maintained.	*Develop concept paper on health sector reform* PHR*plus* contributed to the development of concept papers on HSR with MOH personnel and other international donors. Documents produced under PHR are being used by presidential candidates to formulate their health policies. *Develop and implement health reform information strategy for key stakeholders*.	Since this is the last year of the current government, all of the concept papers related to Honduran health sector reform have been written with the upcoming government transition in mind. This effort to inform all stakeholders within the current and prospective government will continue throughout the first quarter of next year as new officials take office in January 2002.	

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	Four issues of the MOH's health bulletin were published under the leadership of PHR*plus* and other donors. One issue highlighted the national health plan for the year 2001. Other papers related to health sector reform were prepared in conjunction with MOH personnel and other donors. *Develop health reform indicators* A set of health reform indicators was developed and presented to the Consejo Consultivo of the MOH. A proposal for their use is currently being considered.		
Effective strategies for regulation of public and private health services implemented.	*Provide technical assistance on facility licensing norms and standards.* Ongoing TA was provided to the regulatory working group to develop, review, revise and publish licensing standards and verification norms.	Licensing standards were prepared through a participatory process that included different levels of the MOH and other stakeholders and these standards have been well accepted.	The licensing process will start in Region 2 in the beginning of Qtr 1, FY02. This process will take place in close collaboration with the IDB/PRIESS project, PAHO/ASDI and JICA.
H/MIS systems used to support evidence-based health planning.	*Assess SIGAF system and provide recommendations for improvement.* Information Specialist hired as consultant to evaluate the SIGAF system. A new working group was established by the Minister to respond to the recommendations provided in the SIGAF report.	SIGAF, a health information system, was designed by another USAID project. USAID hopes to get SIGAF fully operational. The results from the SIGAF assessment have stimulated broad discussions.	The first quarter of the next year will be a critical period in terms of preparing the proposal for improving the SIGAF system.
Innovative financing models developed to improve resource allocation and access to RH/CS/FP services in areas of greatest need.	*Disseminate User Fee Study.* The User Fee Study was discussed at meetings with MOH personnel and the final version of the study is under production for wide distribution within the country. At the MOH, a working group to consider study recommendations		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	is under consideration.		
	Initiate policy dialogue on current user fee system and household spending by economic status.	It has been difficult to engage the MOH personnel in this last quarter because they have been closely involved in budget preparation for the coming year and are using a new methodology. It is hoped that next year the user fee structure will be changed.	ENIGH analysis will be finalized, incorporating comments from technical review, and will be produced and disseminated.
	An analysis of the Household Expenditure Survey (ENIGH) was completed and main findings have been shared with the MOH's Health Planning and Management Unit.		
	Consensus was achieved with MOH and PRIESS/BID on how to assist the MOH in the resource allocation process.	Results from the ENIGH survey will be used to inform the development of a resource allocation tool.	
	Conduct diagnosis of current resource allocation process.		
	A proposal to study the current resource allocation process was accepted by the MOH. Data collection will start the last week of September 2001.	Although the necessity for new methodologies for resource allocation has been identified, key stakeholders at the Ministry of Finance are quite resistant to the prospect of change.	
	Assist with construction of new resource allocation methodology.		
	A database has been developed to track financing data for the past 5 years.	Information will serve as the basis for framing a new, systematic approach for budget review and allocation.	
	Discussions have begun with MOH on criteria that should be employed when making decisions on resource allocation.		

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
PHR*plus*/Honduras has worked with the university to include basic courses on health economics and health legislation in the Master of Public Health Program.

PHR*plus*/Honduras has a very strong working relationship with USAID/Honduras and has an established weekly meeting with the USAID team.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
270,000 – Sept 00				
800,000 – Jul 01				
1,070,000	1,083,747	432,931	637,069	26.1

5.4.5 Peru

Overview: The PHR*plus* work in Peru follows on PHR's demonstration of performance-based methods of provider budgeting as it extends innovation from inpatient to ambulatory services. A six to eight-month activity that began in September will design a payment methodology and rate schedule for the frequently used hospital-based services in the public hospital sector of Peru. A collaborative technical team of PHR*plus* and Project 2000, led by a PHR*plus* senior technical advisor, will also provide recommendations for transforming the fee-for-service into payment-per-episode of ambulatory care and, prospectively, per enrollee in a local health care network. The new system of ambulatory care financing will focus on maternity, infant and pediatric services, thus, feeding into the short-term agenda of policy and operations of the emerging Integrated Health Insurance (*Seguro Integral de Salud -- SIS*) in Peru, also known under the provisional title of Public Health Insurance.

Mission Objective: USAID/Lima's Health Strategic Objectives and Intermediate Results are not yet available.

PHR*plus* Intermediate Result:
IR 1: Appropriate Health Sector Reforms are Effectively Implemented
IR 2: Health Workers Deliver Quality Responsive Services
IR 4: Health Financing is Increased and More Effectively Used
IR 5: Health Information is Available and Appropriately Used

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
Rate schedule and payment methodology for maternal and children's ambulatory services	Technical Directions approved. The institutional context for TA defined. Key in-country consultant hired. A collaborative and resource sharing plan agreed upon with Project 2000 Relations with the SIS leaders and	The demonstration of new payment mechanisms in the ambulatory care sector responds to the need of SIS for a performance-based system of resource allocation to providers of care.	The PHR*plus*/Project 2000 technical team will work with the SIS leaders and technical staff to define the list of services that the new health insurance program will cover. The costing and rate setting work will focus on these services. The consultancy will mobilize existing clinical protocols and

Anticipated Results	Planned Milestones and Progress	Significance	Recommended follow-up
	technical staff established.		develop new ones in order to design and price packages of care that are related to common clinical conditions. Service costing will include direct cost estimation by kind of production input, and SICI-based assignment of indirect costs to direct costs of services and episodes of care.
Begin transition from service-specific rates to 'packaged rates' per episode of care and prospective capitation rates	The choice of pilot hospitals is motivated by a long-term plan to transform pilot facilities into the fund-holding component of local health care networks.	A budgeting system based on fund holding and a mix of prospective capitation and service rates, will improve integration, continuity and efficiency of care in the setting of local health care networks.	The PHR*plus*/Project 2000 team will identify organizational structure, resources, utilization patterns and enrollment base of pilot health care networks in order to recommend transition from itemized historical budgeting and service rates and capitated budgets.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
Fortunately, the beginning of this project has coincided with the emergence of SIS. The new public health insurance program will provide institutional sponsorship for the proposed innovation, will contribute to it by sharing key information resources, and will become the main beneficiary from the methodological and administrative experience that the design of a new system of ambulatory financing is expected to generate. The consultancy will, thus, make an important contribution to system strengthening in the policy and operational framework of SIS, so far the major health policy initiative of the new Peruvian government.

The multidisciplinary content and the compressed time line are the main challenges of the consultancy. To overcome the expected difficulties, PHR*plus* will seek to replicate the positive experience of collaboration between PHR and Project 2000, accumulated over almost three years of the hospital payment experiment in Peru. Such collaboration will enhance PHR*plus* resources and technical presence in Peru. Specifically, Project 2000 consultants will carry out costing activities at the pilot facilities, as well as clinical design of the new system. Active participation of the Peruvian consultants on the PHR*plus*/Project 2000 technical team and close collaboration of the latter with SIS leaders will enable timely ownership shift to the counterparts and in-country experts.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
400,000 – Jul 01	120,000	23,594	376,406	0.6

6. Task 4 – Performance Monitoring and Results Tracking

Overview: Performance monitoring in results tracking is one of the six key tasks for the PHR*plus* project. The key objectives of the project's M&E activities are to track project funding, resource allocation and quality of performance under each of the project's six tasks, track progress of project work in achieving results expected under the contract, build knowledge about the effectiveness of project and global health system strengthening work in improving health system performance, especially performance in delivering PHN priority in health services.

Progress Made against Planned Results and Milestones

Activities	Planned milestones	Progress	Recommended follow-up
Development of the overview of the monitoring and evaluation framework	Meet with the SMT and USAID to discuss the expectations of this plan under PHR*plus* Submit plan to USAID for comments/approval	A paper describing the overview of the monitoring and evaluation framework was completed and submitted to USAID	None – activity completed
Design of the internal project monitoring system	Hold meetings with the Resource Group, SMT, long-term country teams, and crosscutting groups to establish criteria and process for performance monitoring in results tracking activities Develop templates for country teams preparing their CAPs Develop a list of indicators that will be used to measure the five PHR*plus* IRs and sub IRs Develop a CAP/M&E manual that contains key elements for CAP activity planning and internal M&E. Develop database for tracking project activities at the TD level	Meetings were held with members of the Resource Group, the SMT and multiple country teams to discuss the contractual requirements for this activity This activity was completed in collaboration with the Honduras and Jordan country teams. Committees were formed to complete this task. This manual was completed and presented to staff on 8/29/01 A preliminary database was developed in-house. In addition, an externally developed database was identified and is currently being evaluated for possible project-wide use.	

Activities	Planned milestones	Progress	Recommended follow-up
	Production and delivery of training sessions on CAPs on the main elements and steps of the internal project monitoring system.	The M&E team has engaged staff in training of the internal project monitoring system by consulting with teams one-on-one and in small groups. In addition, the M&E team provided an orientation for the entire PHR*plus* on- site staff on the basic principles of monitoring and evaluation and the internal tracking system.	
	Development of the internal project monitoring system paper	The paper was completed and submitted to USAID by the end of the first fiscal year.	
	Develop a draft version of an impact measure data matrix that will be used to facilitate discussions with USAID on the Project's approach to measuring progress on the six impact measures specified in the scope of work.	A paper describing the Project's interpretation of the contract regarding measuring progress on the six impact measures was completed and submitted to USAID for further discussions.	Discussions with USAID will be scheduled in order to come to resolution about the Project's "next steps" in this area.

Important issues, problems and most effective approaches to achieving further improvement in health system performance:
One final step necessary to complete the design of the internal project monitoring system is to further clarify the roles of the M&E team members and the Reform Results leaders. Because the Reform Results leaders are responsible for achieving project results and M&E team is responsible for measuring them, the two teams will work collaboratively to report their findings. Each Reform Results leader is responsible for reviewing monitoring reports from each sub-task team so that accurate results can be recorded for each IR.

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
184,644 – Sept 00				
221,130 – May 01				
44,226 – Jul 01				
450,000	300,852	146,602	303,398	9.2

7. Task 5 – Training and Capacity Building

Overview: Training and capacity building are cornerstones of our work throughout the project and are built into the design of country programs and work plans. PHR*plus* teams assess existing capacity and identify new skills required to improve country capacity to design and implement reforms that strengthen health system performance. Effective training plans include the transfer of skills through on-the job training, formal courses, workshops, seminars, local, regional and international study tours, and distance learning. Team expertise in community participation, organizational development/human resource development and facilitation contribute to Task 5 efforts. Task 5 activities are funded through field support. However, during the first year of the Project, we applied core funding for start-up activities that involved internal team building, including the start-up workshop, staff development and orientation to the new project's technical objectives, procedures and tracking.

PHN – Common Agenda

PHR*plus* IR

IR 1 Appropriate health reforms are effectively implemented
IR 2 Health workers deliver quality responsible services.
IR 3 Commodities are available and appropriately used.
IR 4 Health financing is increased and more effectively used.
IR 5 Health information is available and appropriately used.

PHR*plus* sub-IR

Potentially contribute to all sub-IRs.

Progress Made against Planned Results and Milestones

Anticipated Results	Planned Milestones and Progress	Significance	Recommended Follow-up
Capacity Building of PHR*plus* staff on assessing, designing, implementing and evaluating a health system strengthening program.	Completed Capacity Building **Start-up Workshop for PHR*plus* staff**. The January 2001 workshop included 70 participants representing PHR*plus*, USAID and an organizational development team.	Team building activities resulted in a common focus for the PHR*plus* staff and provided an opportunity for staff to collaborate with key players from USAID, Abt Associates, and subcontractors involved in PHR*plus*.	Monitor PHR*plus* staff to determine their need for additional capacity building activities.
PHR*plus* policies and procedures for conducting training and capacity building activities are defined and implemented for training and capacity building activities.	Completed or In-Process Documents on Procedures and Policies for Conducting Training and Capacity Building Activities	Common framework for all PHR*plus* sponsored training and capacity building activities.	Assist staff in applying and implementing procedures and policies for conducting training and capacity building activities.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended Follow-up
	Guidelines have been developed for the following: • Third Country Training • In-Country Training • U.S. Based Training Guidelines are in preparation for the following: • Invitational Travel • Evaluation/Follow-up of Training/Capacity Building • Measuring Indicators of Capacity Building		
Strategic training and capacity building plan designed and discussed with key stakeholders and finalized in four countries.	**Completed Country Training and Capacity Building Plan in Four PHR*plus* participating countries**. The training and capacity building plan was completed as part of the Country Assistance Plan in Jordan, Albania, Malawi, and Dominican Republic and designed and discussed with key stakeholders during the design team visits.	Training and capacity building activities are serving as a central point for the health care system strengthening activities.	Monitor training and capacity building plans to determine if planned activities are meeting established project goals.
TraiNet reporting mechanisms are in place.	TraiNet Reporting Mechanisms are in Place. Staff orientation included meetings with TraiNet experts from USAID. PHR*plus* has continuous recording and monitoring of training and capacity building activities.	A common base exists for the recording, reporting and evaluation of PHR*plus* sponsored training and capacity building activities.	Ensure PHR*plus* staff report training and capacity building activities.
Training and capacity building programs are a vital component of PHR*plus* activities.	Training and Capacity Building Activities are completed or planned Within in PHR*plus* activities. Some examples follow. **Conferences**: In Ghana, collaborative conference with WHO on infectious diseases.	Outcomes include enhancing counterpart knowledge on measures to strengthen the health care system and the adoption of guidelines for designing, implementing or institutionalizing programs.	Evaluate short-term and long-term impact on health system strengthening.

Anticipated Results	Planned Milestones and Progress	Significance	Recommended Follow-up
	In Ghana, a national conference on organizing and managing mutual health organizations. NHA sponsored conference on institutionalizing NHA. Participants represented Jordan, Egypt, Zambia, Tanzania PHR*plus* co-sponsored a conference on establishing a framework for NHA with the Commonwealth Regional Community Health Secretariate in Kenya. Future activities include a PHR*plus* sponsored conference on the policy relevance of NHA for French speaking countries of Africa to be conducted April 2002. **Courses**: Future activities include a PHR*plus*, WHO, SIDA, CRCS and the EU sponsored basic course on NHA for Africa scheduled for November 2001. **Study Tours**: Three participants from the MOH in Honduras visited Mexico to study licensing. Results included the definition of standards and classifications for health facilities management. A study tour involving PHR*plus* counterparts in Ghana to visit Senegal to study Managing MHOs is planned		

Anticipated Results	Planned Milestones and Progress	Significance	Recommended Follow-up
	for November 2001. A study tour involving 12 individuals from Benin to draw lessons form Senegal's experience in decentralizing the management and financing of health services is scheduled for November 2001.		

Important issues, problems, and most effective approaches to achieving further improvement in health system performance:
A majority of the training budget was expended for the start-up or workshop held January 2001. In spite of budgetary constraints PHR*plus* designated staff have worked with workgroups throughout the project to strengthen the training and capacity building activities. The most effective input to training and capacity building occurs during these working sessions with technical staff and area leaders. Staff changes occurred within the training unit during the fourth quarter. PHR*plus* continues to have a designated training team involving a Senior Training Advisor and an expert in TraiNet.

Inputs expended during FY 01 to achieve progress:

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
143,612 – Sept 01				
171,990 – May 01				
34,398 – Jul 01				
350,000	315,000	265,978	84,022	11.2

8. Task 6 – Strategic Documentation and Transfer of Experience

Overview: Communication, information dissemination, and strategic transfer of experience and information are essential components of the way PHR*plus* does its work and leverages impact worldwide. PHR*plus* draws on its own project experience to inform developing country and CA audiences about current technical assistance, tools development, research and demonstration, training, and monitoring activities related to health policy, management, and system strengthening reforms. The Communications Group works closely with the technical staff across the project to ensure that results are recorded, translated, and produced into relevant and high-quality products that are disseminated in appropriate formats through a variety of media, including internet-based services, electronic media, print, and verbally at trainings and meetings.

PHR*plus* Intermediate Result 5: Health information is available and appropriately used

Progress Made against Planned Results and Milestones:

Anticipated Results	Planned Milestones	Progress	Recommended follow-up
Health information is available and appropriately used	Develop communications strategy for project with special focus on strategies for site offices	Internal strategy paper drafted, reviewed by staff, management to help focus resources	Summarize in document suitable for external audiences that might request a copy of PHR*plus* strategy
	Test-market new name for HPSS PHR*plus* Project	Completed: name utilized and translated into Arabic, French, and Spanish	
	Design, test market project logo	Completed, in wide use	
	Conduct needs assessment of target audiences in priority countries and identify information needs	Survey completed, useful information to guide CG efforts was obtained, specifically on relative use of electronic mail and hard copy	Develop "key document list" from PHR products and make sets for field offices and other "relay stations"
	Identify and analyze information systems needs and/or requirements for field offices to facilitate optimum dissemination efforts	(Not applicable at present)	Coordinate such activity with ID Surveillance/HIS efforts, esp. regarding expanded website features (chat or bulletin board)
	Commission printing of stationery including business cards	Completed, sent to field offices	Obtain copies of letterhead, newsletters produced by field, maintain quality, uniformity
	Create project brochure including writing text, designing, and translating	Text (English-language) and design drafted, sent to CTO for review	Will be translated and printed pending approval
	Develop format, including creation of templates, for project products including technical projects, CAPs, trip reports, PowerPoint presentations, and other deliverables	Completed	
	Conduct training on use of new formats	Trip report format presented with staff introduction to style guide (see item 12). Not applicable for other deliverables, as CG will format.	
	Set up electronic archive and naming conventions for electronic storage of	Completed	

Anticipated Results	Planned Milestones	Progress	Recommended follow-up
	project reports		
	Develop style guide and train staff in its use	Completed	
	Write start-up brief and 'Issues and Results' summaries; translate as needed	Ten I/R summaries drafted, sent to CTO for review.	Will be printed in-house, pending approval
	Edit, produce 'Project Highlights' newsletter on first year activities	Prepared for printer	Will be printed in October
	Provide editorial services for technical reports, CAPS, and other products	Services provided as products are produced	Ongoing
	Respond to on-going research and reference requests providing copies of materials and conducting literature searches	Number of requests continue to increase	
	Continue dissemination of PHR materials.	Documents sent electronically whenever possible	
	Select and add new literature to the web-based bibliographic database, cataloguing and assuring consistent entry.	4,551 documents entered in database to date, 717 this year; 4,387 keyworded to date, 678 this year	
	Develop acquisition strategies to reflect new project scope	Discussed document acquisition with ID surveillance and pharmaceutical commodities staff	
	Conduct orientation sessions for new staff and visitors	Orientations conducted for new staff in Bethesda. RC descriptive sheet made available electronically	
	Produce electronic *RC Bulletin and New Acquisitions Listing*	Ten bulletins produced	
	Select/arrange for long-term vendor services for printing, editing, and translation services	In discussion with F&A	Blanket purchase orders for translation, selected printing, and freelance editors

Anticipated Results	Planned Milestones	Progress	Recommended follow-up
	Maintain project mailing list Coordinate abstract submission, document distribution and exhibit support at conferences and meetings Oversee weekly staff meetings	4,496 contacts entered to date Supported 19 presentations at GHC, iHEA and APHA 2001 meetings Ongoing	
	Migrate PHR*plus* mailing and document distribution list to new format and enlist staff to assist with updating and expanding Design new website Develop project Intranet		

Inputs expended during FY'01 to achieve progress

Obligated Amount	$ Programmed (TD)	Expended	Funding Balance as of 9/30/01	LOE Expended
512,899 – Sept 00				
614,251 – May 01				
122,850 – Jul 01				
1,250,000	499,100	427,587	822,413	32.9

9. Project Funding and Allocation of Resources

9.1 Contract

The Partners for Health Reform (PHR*plus*) Project is implemented under a Cost-Plus-Award Fee with a total estimated cost of $98 million. The contract was originally awarded on September 29, 2000 with a total estimated cost of $97,933,372. It was modified on July 26, 2001 and the total estimated cost was changed to $87,999,997. Current contract ceilings are:

Contract	Amount
Base	$81,999,999
Option A	$9,999,999
Option B	$5,999,999
Total	$97,999,997

9.2 Funding

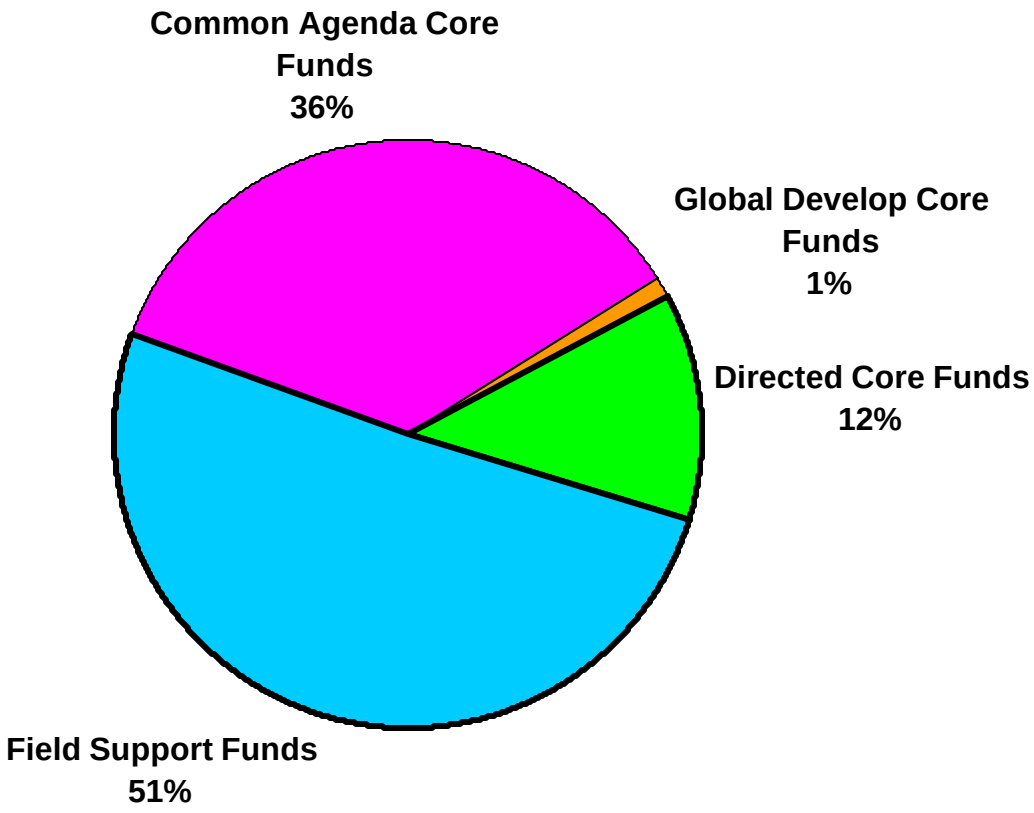
PHR has received $22,424,033 in incremental funding under the contract. A breakout of the funding is as follows:

Contract	Amount	Date
Original	$5,535,000	9/29/00
Mod 1	$5,090,000	5/9/01
Mod 2	$370,000	6/19/01
Mod 3	$0	7/23/01
Mod 4	$3,533,033	7/26/01
Mod 5	$7,816,000	9/26/01
Mod 6	$80,000	9/28/01
Total	$22,424,033	

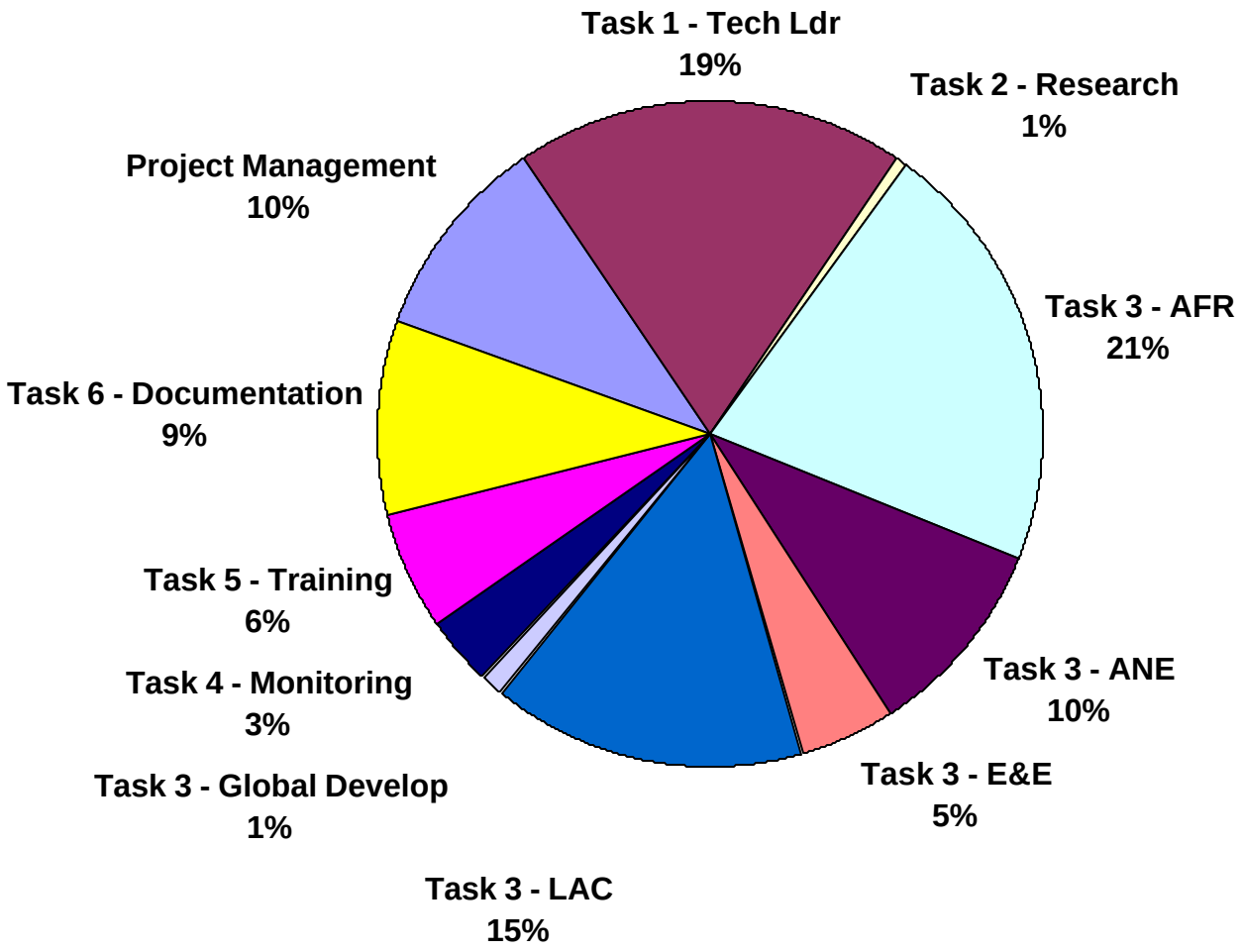
A breakout of the funding by regions and funding categories is as follows:

Contract	Amount
Core-Common	$4,070,000
Core-Directed	$4,785,000
Africa Region	$5,579,000
ANE Region	$2,770,000
E&E Region	$3,125,000
LAC Region	$2,095,000
Total	$22,424,033

PHRplus Cumulative Expenditures by Funding Source September 2001



PHRplus Cumulative Expenditures by Task Area
September 2001

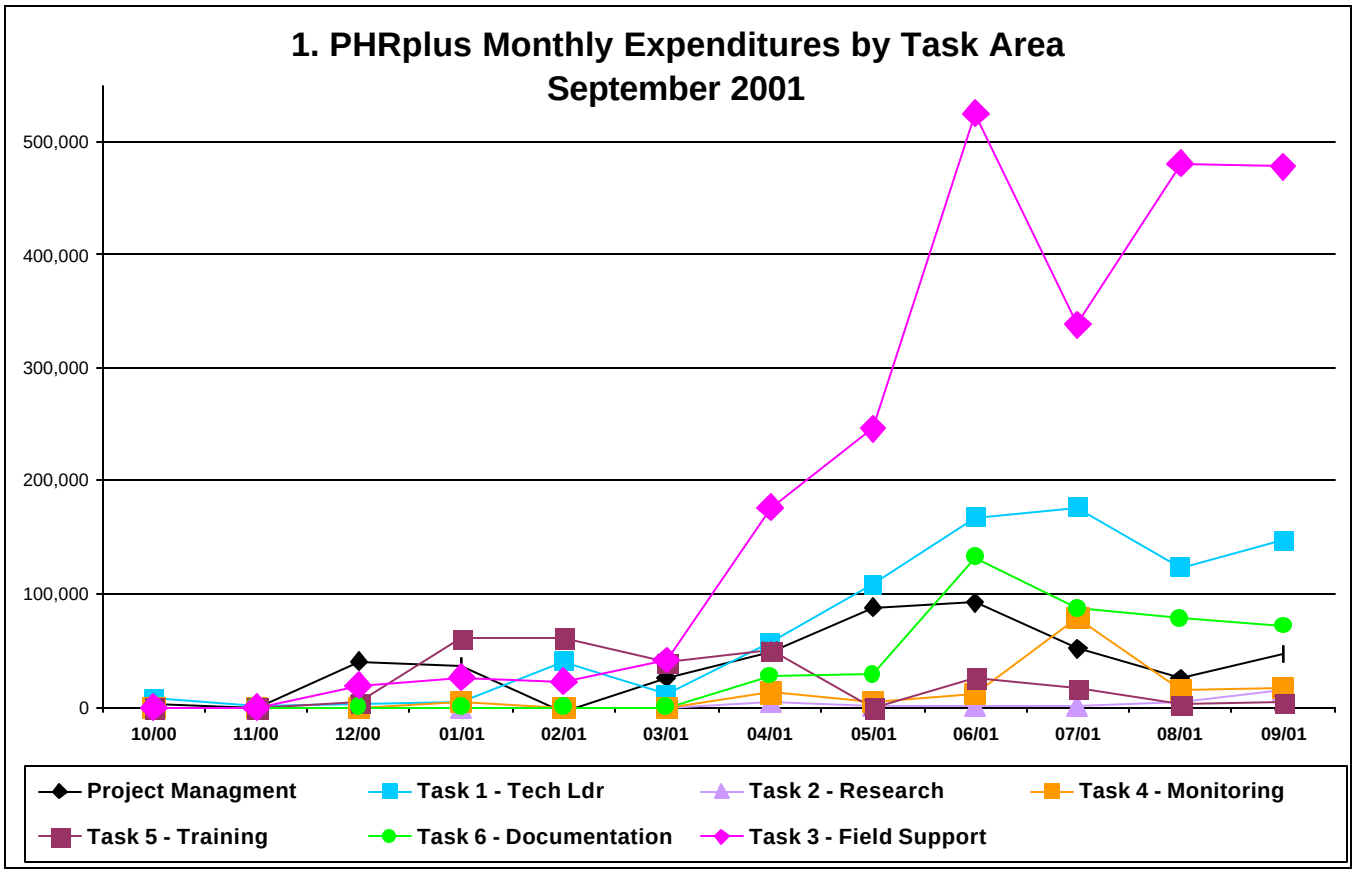


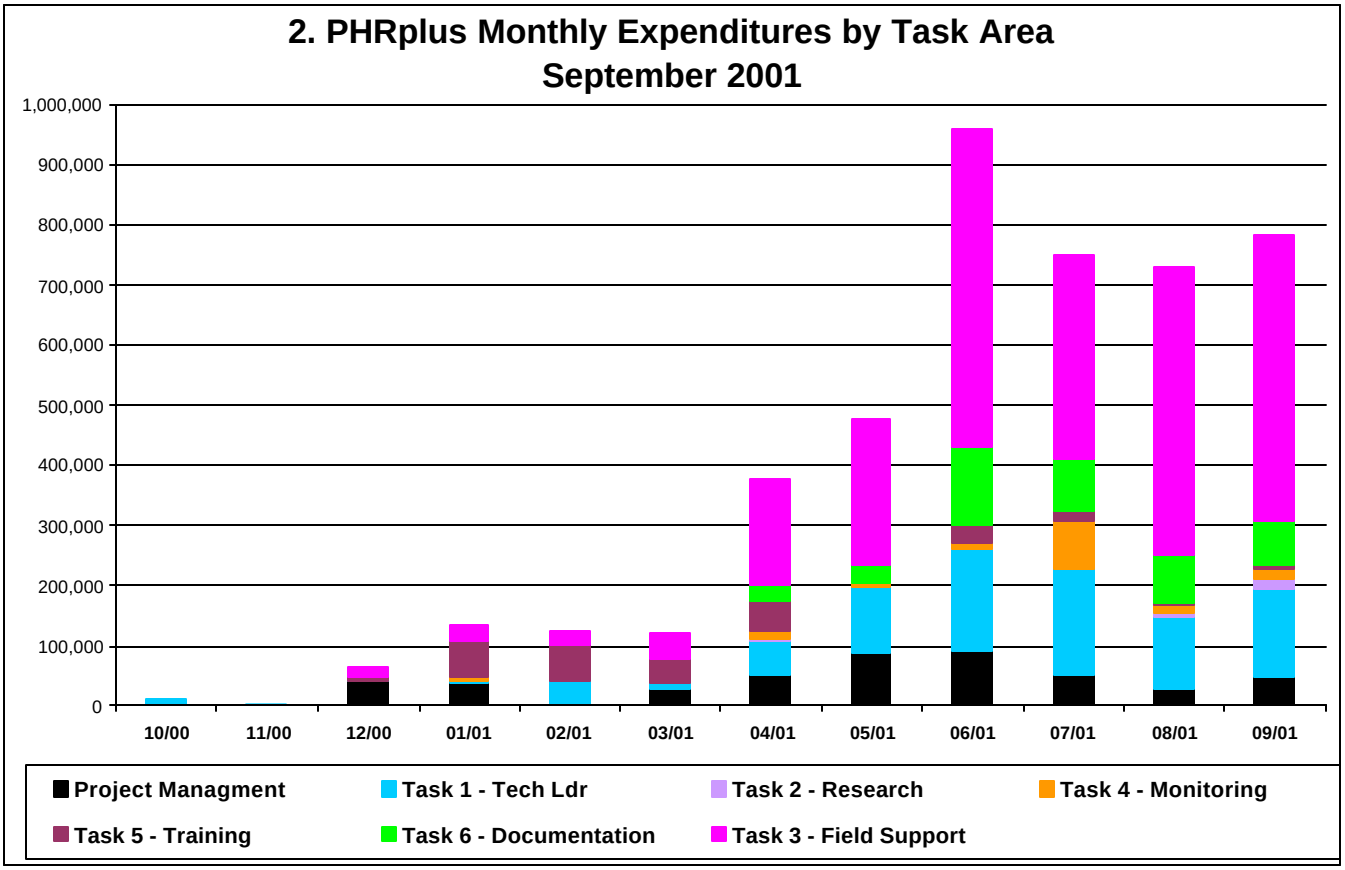
Field support funding is approximately 60 percent of the total project funding while global funding is approximately 40 percent of the total.

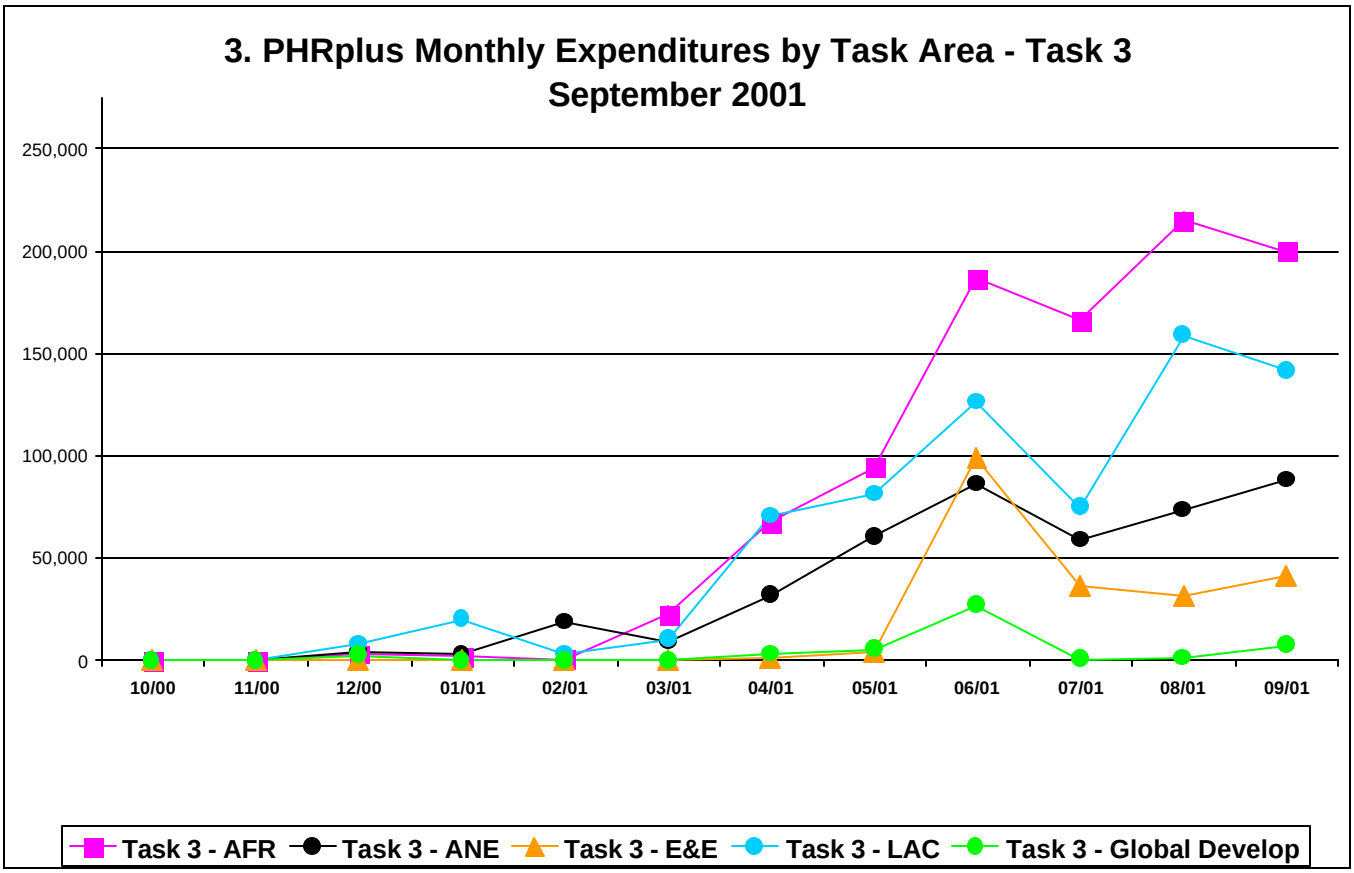
9.3 Contract Expenditures

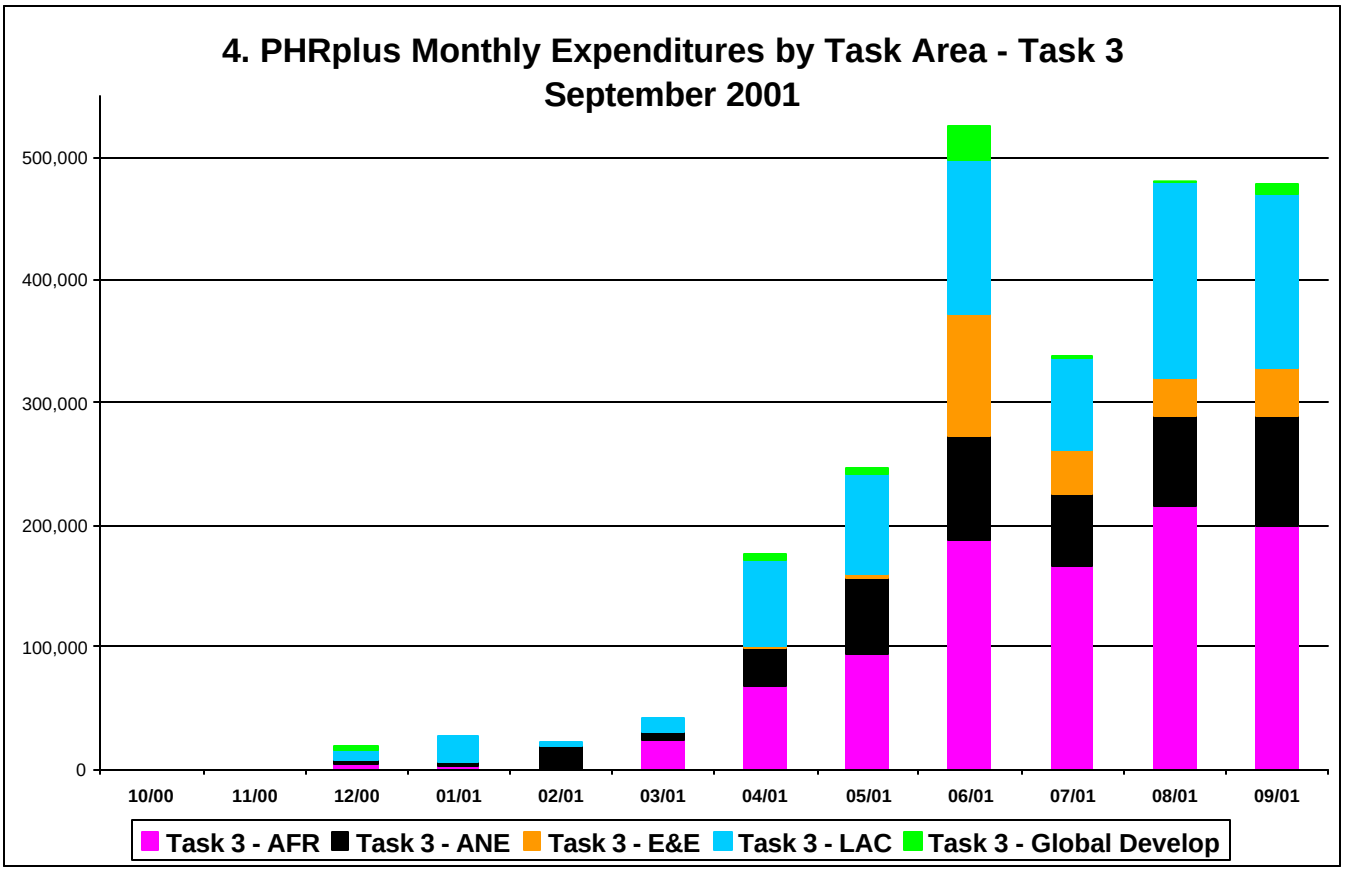
PHR*plus* has expended at total of $4,523,152 under the contract as of 9/30/2001. The attached charts and tables provide a summary of contract expenditures. Note that all charts and tables reflect actual expenditures and do not include accrued costs. Also, note that Global Development expenditures numbers reflect final balance at the end of the reporting period. Expenditures for Global Development activities during the period ran significantly higher for most of the fiscal year due to receipt of a large portion of field support funding in late September 2001. Overall expenditures are as follows:

Contract	Amount
Core-Common	$1,612,857
Core-Directed	$559,371
Core-Global Develop	$48,787
Africa Region	$959,362
ANE Region	$434,529
E&E Region	$214,549
LAC Region	$693,697
Total	$4,523,153


1. PHRplus Monthly Expenditures by Task Area
September 2001
500,000
400,000
300,000
200,000
100,000
0
10/00
11/00
12/00
01/01
02/01
03/01
04/01
05/01
06/01
07/01
08/01
09/01
Project Managment
Task 1 - Tech Ldr
Task 2 - Research
Task 4 - Monitoring
Task 5 - Training
Task 6 - Documentation
Task 3 - Field Support

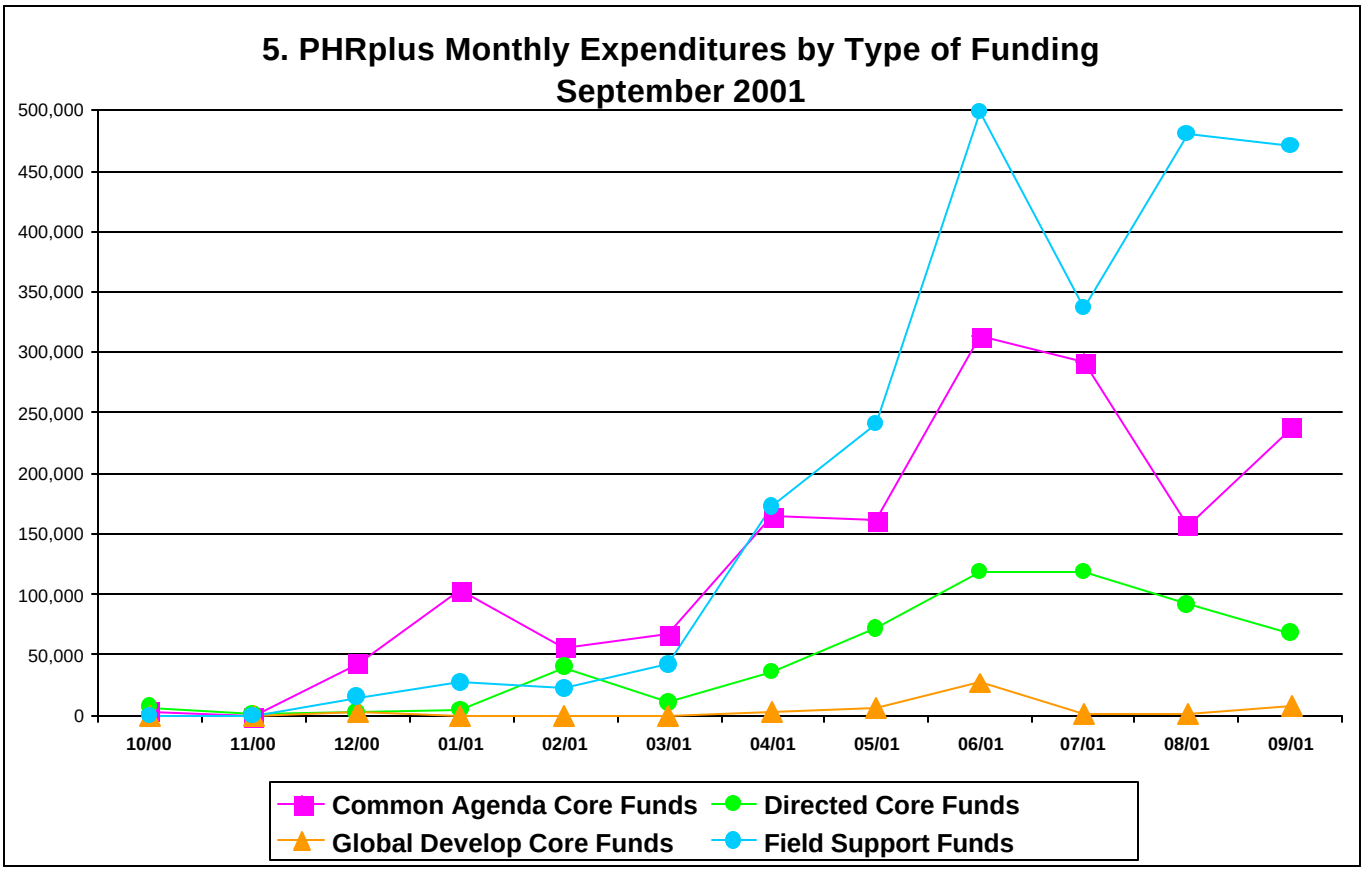

2. PHRplus Monthly Expenditures by Task Area
September 2001
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
10/00
11/00
12/00
01/01
02/01
03/01
04/01
05/01
06/01
07/01
08/01
09/01
Project Managment
Task 1 - Tech Ldr
Task 2 - Research
Task 4 - Monitoring
Task 5 - Training
Task 6 - Documentation
Task 3 - Field Support

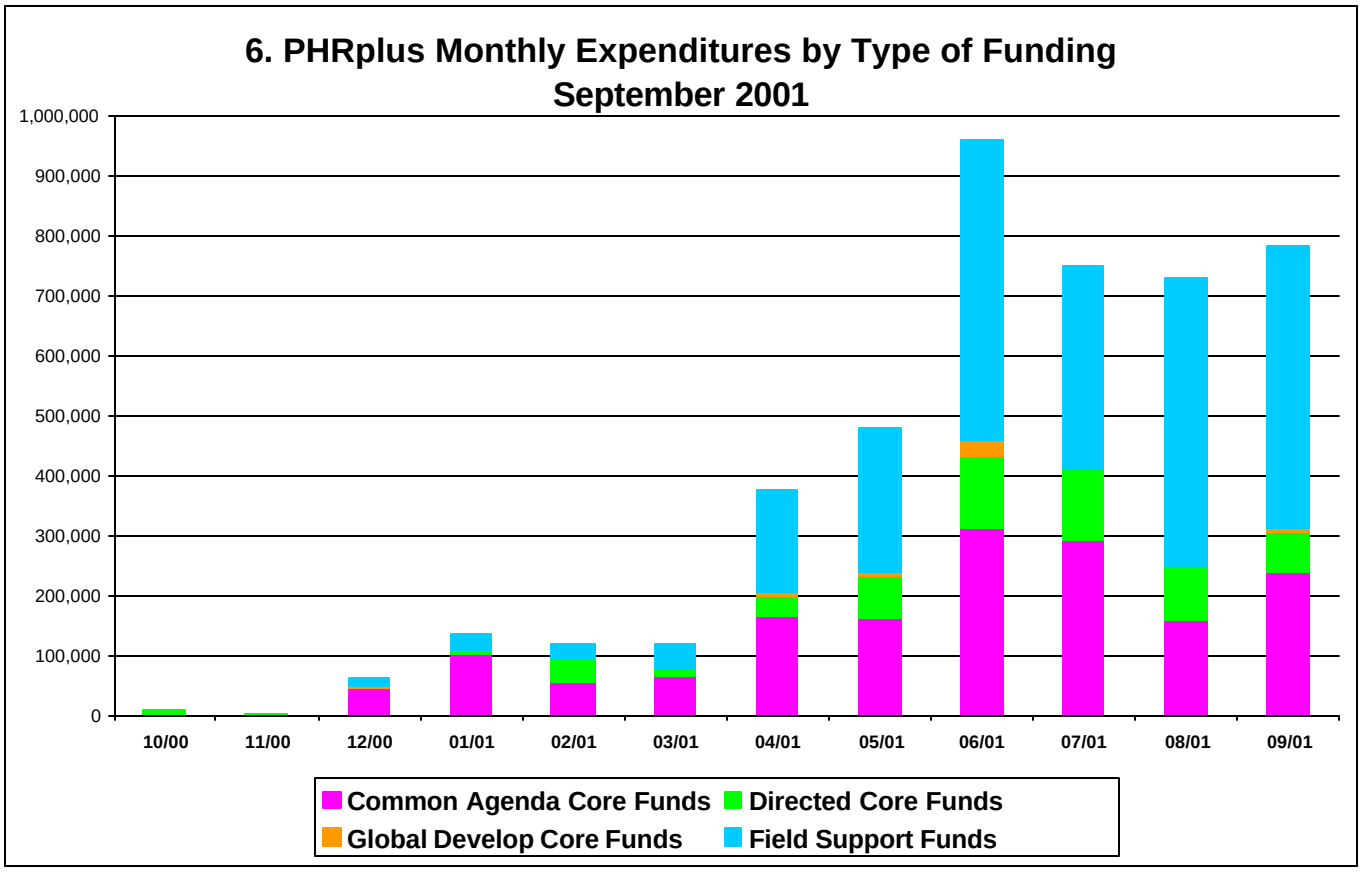

3. PHRplus Monthly Expenditures by Task Area - Task 3
September 2001
250,000
200,000
150,000
100,000
50,000
0
10/00
11/00
12/00
01/01
02/01
03/01
04/01
05/01
06/01
07/01
08/01
09/01
Task 3 - AFR
Task 3 - ANE
Task 3 - E&E
Task 3 - LAC
Task 3 - Global Develop


4. PHRplus Monthly Expenditures by Task Area - Task 3
September 2001
500,000
400,000
300,000
200,000
100,000
0
10/00
11/00
12/00
01/01
02/01
03/01
04/01
05/01
06/01
07/01
08/01
09/01
Task 3 - AFR
Task 3 - ANE
Task 3 - E&E
Task 3 - LAC
Task 3 - Global Develop

PHRplus Work Plan Task Expenditure Report	TD Budget	Monthly Expend 09/01	Cumul Expend 09/01	LOE Expend 09/01	TD Balance	Percent Expended
Task 1 - Technical Leadership						
Management	550,000	47,045	455,381	50.6	94,619	82.8%
Technical Leadership	139,549	7,257	16,400	0.4	123,149	11.8%
NHA	144,000	56,078	177,710	7.5	-33,710	123.4%
Stakeholder Participation	48,000	0	3,855	0.1	44,145	8.0%
Doc, Anal, Transfer	100,000	5,304	46,775	2.0	53,225	46.8%
Emerging Issues	0	0	0	0.0	0	
Population	500	0	288	0.3	212	57.5%
Maternal Health	122,521	1,968	71,362	3.1	51,159	58.2%
Child Survival	265,133	24,280	196,012	7.4	69,121	73.9%
HIV/AIDS	433,005	39,190	172,986	8.5	260,019	40.0%
Infectious Disease	670,000	14,041	162,512	7.3	507,488	24.3%
Subtotal Task 1	2,472,708	195,162	1,303,280	87.3	1,169,428	52.7%
Task 2 - Health Systems Research						
Research	175,600	15,713	26,028	1.3	149,572	14.8%
Subtotal Task 2	175,600	15,713	26,028	1.3	149,572	14.8%
Task 3 - Field Support						
Africa Region						
Africa Bureau	38,769	4,844	59,672	2.8	-20,903	153.9%
Benin	375,000	8,405	59,938	3.1	315,062	16.0%
DROC	67,062	1,495	1,495	0.1	65,567	2.2%
Eritrea	139,000	923	37,855	1.4	101,145	27.2%
Ghana	415,278	24,691	128,413	7.1	286,865	30.9%
Malawi	1,006,000	19,946	117,272	6.2	888,728	11.7%
REDSO/E	760,000	48,275	180,822	7.3	579,178	23.8%
Senegal	205,453	6,826	54,041	3.6	151,412	26.3%
Tanzania	650,000	397	26,643	0.4	623,357	4.1%
WARP	351,200	78,077	267,884	9.1	83,316	76.3%
Zambia	100,000	6,172	25,328	1.6	74,672	25.3%
Subtotal Africa Region	4,107,762	200,051	959,362	42.6	3,148,400	23.4%
ANE Region						
ANE Region	365,585	6,334	32,345	1.5	333,240	8.8%
Jordan	1,836,722	81,822	402,184	31.0	1,434,538	21.9%
Subtotal ANE Region	2,202,307	88,156	434,529	32.5	1,767,778	19.7%
E&E Region						
Georgia	120,000	1,336	7,986	0.1	112,014	6.7%
Albania	288,311	39,451	206,562	7.4	81,749	71.6%
Subtotal E&E Region	408,311	40,787	214,549	7.5	193,762	52.5%

PHRplus Work Plan Task Expenditure Report	TD Budget	Monthly Expend 09/01	Cumul Expend 09/01	LOE Expend 09/01	TD Balance	Percent Expended
LAC Region						
El Salvador	73,979	24,549	66,414	1.9	7,565	89.8%
Guatemala	100,000	13,404	53,436	2.3	46,564	53.4%
Honduras	1,083,747	68,798	432,931	26.1	650,816	39.9%
LAC Region Initiative	170,033	15,010	120,075	6.0	49,958	70.6%
Peru	120,000	19,643	23,594	0.6	96,406	19.7%
Subtotal LAC Region	1,547,759	141,405	696,450	37.0	851,309	45.0%
Global Development (Other)						
Egypt	100,947	7,701	46,198	1.7	54,749	45.8%
Nicaraqua	2,589	0	2,589	0.2	0	100.0%
Subtotal Global Development (Other)	103,536	7,701	48,787	1.9	54,749	47.1%
Subtotal Task 3	8,369,675	478,100	2,353,678	121.4	6,015,997	28.1%
Task 4 - Performance Monitoring						
Performance Monitoring	300,852	18,149	146,602	9.2	154,250	48.7%
Subtotal Task 4	300,852	18,149	146,602	9.2	154,250	48.7%
Task 5 - Training & Capacity Building						
Start-Up Workshop	250,000	0	238,639	9.5	11,361	95.5%
Training & Capacity Bldg	65,000	4,106	27,339	1.7	37,661	42.1%
Subtotal Task 5	315,000	4,106	265,978	11.2	49,022	84.4%
Task 6 - Documentation & Transfer of Experience						
Documentation & Transfer	499,100	72,248	427,587	32.9	71,513	85.7%
Subtotal Task 6	499,100	72,248	427,587	32.9	71,513	85.7%
Total	12,132,935	783,476	4,523,153	263.3	7,609,782	37.3%


5. PHRplus Monthly Expenditures by Type of Funding
September 2001
500,000
450,000
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
10/00
11/00
12/00
01/01
02/01
03/01
04/01
05/01
06/01
07/01
08/01
09/01
Common Agenda Core Funds
Directed Core Funds
Global Develop Core Funds
Field Support Funds


6. PHRplus Monthly Expenditures by Type of Funding
September 2001
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
10/00
11/00
12/00
01/01
02/01
03/01
04/01
05/01
06/01
07/01
08/01
09/01
Common Agenda Core Funds
Directed Core Funds
Global Develop Core Funds
Field Support Funds

PHRplus Work Plan
Funding/Expenditure Status Report

	Funding	TD Budget	Monthly Expend 09/01	Cumul Expend 09/01	LOE Expend 09/01	Funding Balance	Percent Expended
Core Funds - Common Agenda							
Management		550,000	47,045	455,381	50.6		
SO1 Planning		500	0	288	0.3		
SO2 Planning		40,000	0	40,000	1.6		
Technical Leadership		139,549	7,257	16,400	0.4		
NHA		144,000	56,078	177,710	7.5		
Stakeholder Participation		48,000	0	3,855	0.1		
Doc, Anal, Transfer		100,000	5,304	46,775	2.0		
Emerging Issues		0	0	0	0.0		
Research		175,600	15,713	26,028	1.3		
Performance Monitoring		300,852	18,149	146,602	9.2		
Start-Up Workshop		250,000	0	238,639	9.5		
Training & Capacity Bldg		65,000	4,106	27,339	1.7		
Documentation & Transfer		499,100	72,248	427,587	32.9		
Subtotal Core - Common Agenda	**4,070,000**	**2,312,601**	**225,897**	**1,606,604**	**117.1**	**2,463,396**	**39.5%**
Global Develop Funds							
Egypt		100,947	7,701	46,198	1.7		
Nicaragua		2,589	0	2,589	0.2		
Subtotal Core - Global Develop		**103,536**	**7,701**	**48,787**	**1.9**		
Directed Funds							
SO2							
S02 General Support		23,921	1,968	8,852	0.3		
Maternal Health Synthesis		58,600	0	22,510	1.2		
Total SO2	**200,000**	**82,521**	**1,968**	**31,362**	**1.5**	**168,638**	**15.7%**
SO3							
SO3 General Support		37,888	3,772	35,199	1.4		
GAVI		173,314	20,508	139,176	5.1		
IMCI		53,931	0	21,637	0.8		
Total SO3	**450,000**	**265,133**	**24,280**	**196,012**	**7.4**	**253,988**	**43.6%**
SO4							
SO4 HIV/AIDS Planning		123,623	17,023	116,810	5.4		
HIV/AIDS Inter Agency Collaboration		134,801	17,073	44,073	2.4		
CBHF Mech/HIV Services		69,085	0	4	0.0		
Treatment Costs		53,200	3,379	8,563	0.4		
Global/National Funding		52,296	1,714	3,536	0.3		
Total SO4	**940,000**	**433,005**	**39,190**	**172,986**	**8.5**	**767,014**	**18.4%**
SO5							
SO5 General Support		100,000	4,370	34,013	1.6		
Bright Ideas		55,000	499	823	0.0		
Tanzania Develop - Core		515,000	9,172	127,676	5.7		
Total SO5	**3,195,000**	**670,000**	**14,041**	**162,512**	**7.3**	**3,032,488**	**5.1%**
Subtotal Directed Funds	**4,785,000**	**1,450,659**	**79,479**	**562,871**	**24.8**	**4,222,129**	**11.8%**

PHRplus Work Plan
Funding/Expenditure Status Report

	Funding	TD Budget	Monthly Expend 09/01	Cumul Expend 09/01	LOE Expend 09/01	Funding Balance	Percent Expended
Field Support							
Africa Region							
Africa Bureau	300,000	38,769	4,844	59,672	2.8	240,328	19.9%
Benin	375,000	375,000	8,405	59,938	3.1	315,062	16.0%
DROC	500,000	67,062	1,495	1,495	0.1	498,505	0.3%
Eritrea	300,000	139,000	923	37,855	1.4	262,145	12.6%
Ghana	688,000	415,278	24,691	128,413	7.1	559,587	18.7%
Malawi	1,006,000	1,006,000	19,946	117,272	6.2	888,728	11.7%
REDSO/E	760,000	760,000	48,275	180,822	7.3	579,178	23.8%
Senegal	250,000	205,453	6,826	54,041	3.6	195,959	21.6%
Tanzania	650,000	650,000	397	26,643	0.4	623,357	4.1%
WARP	650,000	351,200	78,077	267,884	9.1	382,116	41.2%
Zambia	100,000	100,000	6,172	25,328	1.6	74,672	25.3%
Subtotal Africa Region	5,579,000	4,107,762	200,051	959,362	42.6	4,619,638	17.2%
ANE Region							
ANE Region	900,000	365,585	6,334	32,345	1.5	867,655	3.6%
Jordan	1,870,000	1,836,722	81,822	402,184	31.0	1,467,816	21.5%
Subtotal ANE Region	2,770,000	2,202,307	88,156	434,529	32.5	2,335,471	15.7%
E&E Region							
Albania	2,375,000	288,311	39,451	206,562	7.4	2,168,438	8.7%
Georgia	750,000	120,000	1,336	7,986	0.1	742,014	1.1%
Subtotal E&E Region	3,125,000	408,311	40,787	214,549	7.5	2,910,451	6.9%
LAC Region							
El Salvador	285,000	73,979	24,549	66,414	1.9	218,586	23.3%
Guatemala	100,000	100,000	13,404	53,436	2.3	46,564	53.4%
Honduras	1,070,000	1,083,747	68,798	432,931	26.1	637,069	40.5%
LAC Region Initiative	240,033	170,033	15,010	120,075	6.0	119,958	50.0%
Peru	400,000	120,000	19,643	23,594	0.6	376,406	5.9%
Subtotal LAC Region	2,095,033	1,547,759	141,405	696,450	37.0	1,398,583	33.2%
Subtotal Field Support	**13,569,033**	**8,266,139**	**470,398**	**2,304,890**	**119.5**	**11,264,143**	**17.0%**
Total	**22,424,033**	**12,132,935**	**783,476**	**4,523,153**	**263.3**	**17,900,880**	**20.2%**